

Case Number:	CM14-0020593		
Date Assigned:	04/30/2014	Date of Injury:	02/06/2012
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old male who reported a fall injury on 02/06/2012. The injured worker was examined on 12/12/2013 where it was documented that he had failed conservative treatment, he underwent rotator cuff surgery, had injections in the elbow that provided only temporary relief, he underwent a lateral epicondylar release on 11/12/2013 and was placed in a cast from wrist to elbow for two weeks then in a forearm cast until 12/09/2013. Current complaints were pain and limited motion in the left elbow. He rated pain at 0 with rest and 4-5 with exercises. No medications were reported. The objective findings were mild swelling at the lateral and posterior elbow. Range of motion was within normal limits for the elbow and wrist. The surgical scar is noted as well healed. A request for authorization for medical treatment was not included with this review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY 2XWK X 6 WKS LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 99.

Decision rationale: The request is non-certified. The injured worker has documents supporting past physical therapy and now an improvement in range of motion. CA MTUS Guidelines for Chronic Pain Medical Treatment Physical Therapy allows for 10 visits over 8 weeks for functional deficits. The documents submitted for review do not adequately support the number of visits the injured worker has already had. The documents also do not support any functional deficits however they do support no medications need for pain control and range of motion within normal limits. The guidelines allow for fading of treatment frequency plus active self directed home physical medicine. Due to lack of documentation to support a need for additional physical therapy; the request is not medically necessary and appropriate.