

Case Number:	CM14-0036825		
Date Assigned:	06/25/2014	Date of Injury:	09/27/2013
Decision Date:	08/05/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/26/2014

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 Orthopedic Surgery, and is licensed to practice in California. 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 49-year-old male who reported an injury on 09/27/2013. The mechanism of injury was a motor vehicle accident. The clinical note dated 11/26/2013 revealed the injured worker to have pain in the right elbow and neck/back. The injured worker also had pain in the lower back and the right ankle. The exam of the right elbow revealed significant swelling to the surgical incision. Flexion was to 90 degrees; extension to 45 degrees, supination to 45 degrees and pronation to 90 degrees; and 3/5 motor strength was found for the right elbow. The lumbar spine exam showed forward flexion was at 45 degrees, extension 15 degrees, left lateral flexion at 30 degrees and right lateral flexion at 30 degrees with right and left rotation at 30 degrees. The physical therapy exam dated 12/27/2013 revealed that the injured worker's average daily pain was at a 6/10 to 7/10. The shoulder was more painful than the elbow. The active range of motion for the elbow was 12 degrees to 120 degrees, supination at 50 degrees, and pronation at 45 degrees. Grip dynamometer was at 20 pounds on the right and at 100 pounds on the left. The injured worker presented with mild contracture to the biceps muscle and some capsular tightness to the shoulder. The injured worker was making gains with physical therapy which increased range of motion and strength. However, he continued to be limited due to pain and muscle contractures. The injured worker was progressing in an independent home exercise program. The clinical note dated 02/20/2014 noted the injured worker had a fracture of the right forearm. The pain to the elbow appeared to be constant. The pain level was a 4/10 to 5/10. The injured worker complained of pain to the neck and a pain level of a 4/10. The injured worker has diagnoses of a fracture of the forearm, closed, right, resolving; strain to the cervical spine, resolving; a strain to the lumbar spine, resolving; a contusion to the left thigh, resolved; right ankle sprain, resolving; stress, acute situational disturbance and frozen shoulder later; neck sprain/strain; and lumbar sprain/strain. Medications included Amitriptyline, Naproxen and Omeprazole. The treatment request was for 12 physical therapy sessions. The Request for

Authorization was dated 11/30/2013. The rationale for the physical therapy was not included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker has a history of pain to the neck, shoulder and right arm. MTUS Guidelines recommend physical therapy, up to 10 visits, for neuralgia, neuritis, and radiculitis. The request does not state the area for which the therapy is to be used. The injured worker had received an unknown number of physical therapy sessions. There is lack of documentation demonstrating significant functional improvement from previous sessions. Also, there is no frequency to the number of sessions within the request. As such, the request for physical therapy times 12 sessions is not medically necessary.