

Case Number:	CM14-0038803		
Date Assigned:	06/27/2014	Date of Injury:	08/21/2003
Decision Date:	08/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 35-year-old male who sustained an injury to his right upper extremity on 08/21/03. The mechanism of injury was not documented. A clinical note dated 02/13/14 reported that the injured worker noted increased weakness/pain with activities and weather that radiated up to the shoulder and down into the right hand and wrist. Physical examination noted tenderness over the right distal humerus, full range of motion with pain and no acute neurological changes since previous visit. The injured worker was diagnosed with right distal humerus fracture with history of neuropraxia. Treatment to date has included physical therapy, home exercise program, medications and transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Physical therapy.

Decision rationale: It was noted that the injured worker was over a year status-post last supervised physical therapy. The prospective request for 18 physical therapy visits was modified to 2 visits for education and release into a home exercise program. Given the clinical documentation submitted for review, there was no additional significant objective information provided that would support reversing the previous adverse determination. Given this, the request for 18 physical therapy visits is not indicated as medically necessary.