

Case Number:	CM14-0056603		
Date Assigned:	07/09/2014	Date of Injury:	08/14/2013
Decision Date:	08/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/25/2014

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 56 year old male whose date of injury is 08/14/2013. The injured worker reportedly sustained multiple sprain/strain injuries to the cervical spine, lumbar spine and hip. Serial records indicate that the injured worker has continued to work full duty. The injured worker has completed a course of physical therapy. Progress report dated 03/18/14 indicates that the injured worker complains of cervical pain and headaches. The injured worker is not taking any medications. Cervical MRI dated 03/20/14 revealed multilevel degenerative disc change, uncovertebral hypertrophy and foraminal encroachment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional Physical Therapy visits of the left Elbow three times a week for two weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for six additional physical therapy visits of the left elbow three times a week for two weeks as an outpatient is not

recommended as medically necessary. The injured worker has undergone previous physical therapy. The current request is excessive as CAMTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.