

Case Number:	CM14-0076281		
Date Assigned:	07/18/2014	Date of Injury:	12/07/2012
Decision Date:	08/15/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 Physical Medicine and Rehabilitation 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 56-year-old male with a reported date of injury on 12/07/2012. The mechanism of injury was due to a trip and fall down the stairs. His diagnoses are noted to include right lateral epicondylitis with cubital tunnel syndrome, right wrist tendinosis, and severe degenerative osteoarthritis of the right elbow joint. His previous treatments have been noted to include arthroscopic surgery, cortisone injections, and physical therapy. The progress report dated 05/12/2014 revealed the injured worker complained of pain, tenderness, stiffness, swelling, and weakness to his right elbow. The physical examination to the elbow revealed decreased range of motion to the right elbow. Upon palpation, there was mild tenderness noted to the lateral extensor. There was positive atrophy noted to the right elbow. Muscle tone and strength were noted to the right elbow. The progress note dated 02/26/2014 revealed the injured worker complained of right elbow pain, stiffness, and discomfort. The physical examination of the right elbow revealed tenderness to palpation to the right lateral epicondyle and decreased range of motion. The physical examination of the right wrist noted tenderness to palpation and decreased range of motion. The progress note dated 05/05/2014 revealed the injured worker complained of symptoms to his left hip and knee. The injured worker complained of the left hip, knee, and foot pain. Examination of the left hip revealed no evidence of atrophy, and tenderness to palpation was present over the anterior joint, greater trochanter, left piriformis, and left sacroiliac joint. The Patrick Faber's test was positive as well as a positive sacroiliac stress test. The range of motion to the right hip was noted to be flexion was to 100 degrees, extension was 30 degrees, abduction was 40 degrees, adduction was to 20 degrees, external rotation was to 50 degrees, and internal rotation was to 40 degrees. The range of motion to the left hip was noted to be flexion was to 70 degrees, extension was to 20 degrees, abduction was to 30 degrees, adduction was to 15 degrees, external rotation was to 35 degrees, and internal rotation was to 30 degrees. The

motor examination of the bilateral lower extremities revealed no weakness. The request for authorization form dated 05/05/2014 was for physical therapy 3x4 which was to decrease pain while increasing range of motion and ability to perform activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 Visits for the Left Hip.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The injured worker has received 1 physical examination to his left hip. The California Chronic Pain Medical Treatment Guidelines recommend active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapies require an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The California Chronic Pain Medical Treatment Guidelines recommend, for myalgia and myositis, 9 visits to 10 visits over 8 weeks. The injured worker has 1 physical examination that revealed measurable objective functional deficits in regards to range of motion to the left hip. However, the request exceeds guideline recommendations and there is a lack of quantifiable objective functional improvements from previous physical therapy sessions. Therefore, the request is not medically necessary.