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| Case Number: | CM14-0077512 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 09/17/2011 |
| Decision Date: | 12/23/2014 | UR Denial Date: | 05/13/2014 |
| 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 Occupational Medicine 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 50 year old male who suffered a work related injury on 9/17/2011. He reported pain, weakness, with deformity at the left elbow. An MRI showed complete rupture of the distal attachment of the biceps tendon. He had a distal biceps tendon repair on 03/22/2013, and required and an extensive redo of this repair on 01/21/2014 due to continued numbness and tingling of the left hand, loss of strength in the left hand, and inability to fully move his fingers. Post-operatively he continues to complain of pins and needles feeling in the left hand and pain in the elbow as well as swelling and weakness. He received an unknown number of physical therapy treatments, with some improvement noted in symptoms, per the treating physician notes on 04/23/2014. The request is now for 12 additional physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Physical Therapy

Decision rationale: The California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, the ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted."The patient has received an unspecified total number of physical therapy session to the left elbow over the last couple of years. The treating physician notes that some improvement has been made, but lack detailed objective findings in order to determine if functional improvement. A biceps tendon repair was performed on 1/2014. The guidelines limit physical therapy of the elbow to 24 sessions over 8-16 weeks. The request is well past the timeframe allowed per guidelines. The treating physician does not explain the extenuating circumstances to allow for an exception to the guidelines. As such, the request for Physical Therapy 3x4 left elbow is not medically necessary as presented.