

Case Number:	CM14-0088027		
Date Assigned:	07/23/2014	Date of Injury:	09/26/2013
Decision Date:	08/28/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 Illinois. 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 53-year-old female who reported an unknown injury on 09/26/2013. On 06/20/2014, her complaints included a lack of full range of motion to her right elbow. Upon examination she lacked 15 degrees of full extension to the right elbow. She came within 1 inch of touching the ipsilateral shoulder. She had an open reduction internal fixation of the right elbow on 10/01/2013. An MRI of the right shoulder on 02/03/2014, found no suggestion of an acute or subacute osseous abnormality. There were only mild degenerative changes at the acromioclavicular joints and the acromion process was relatively flat with no hooking or lateral down sloping. There was no full-thickness rotator cuff tear. There was subacromial and subdeltoid bursitis. She had 12 sessions of physical therapy between 11/04/2013 and 02/14/2014. On 6/20/2014, she reported that she had made great strides in regaining her functional range of motion. There was no Request For Authorization form or rationale included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 weeks on right elbow and shoulder: 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 California MTUS Guidelines recommend passive therapy for short term pain during the early phases of treatment to reduce inflammation and swelling. Active therapy is indicated for restoring flexibility, strength, endurance, function, range of motion and to alleviate discomfort. Patients are expected to continue active therapies at home. Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self directed home physical medicine. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. This worker had already completed 12 sessions of physical therapy and was noted to have significant functional improvement. Pain did not seem to be an issue. Additionally, the physical therapy note of 02/14/2014, reported that she was compliant with a home exercise program. Additionally, the requested number of sessions would exceed the guideline recommendations. Therefore, this request for Physical Therapy 2 times 4 weeks on the Right Elbow and Shoulder is not medically necessary.