

Case Number:	CM14-0089109		
Date Assigned:	07/30/2014	Date of Injury:	11/03/2012
Decision Date:	10/16/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 Nevada. 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 records presented for review indicate that this 54-year-old female was reportedly injured on November 3, 2012. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated April 14, 2014, indicated that there were ongoing complaints of left elbow pain. The physical examination demonstrated tenderness to palpation and a slight reduction in range of motion. Diagnostic imaging studies objectified normal, ordinary disease of life degenerative changes of the shoulder and degenerative changes of the elbow. Previous treatment included multiple sessions of physical therapy and multiple sessions of chiropractic care. A request had been made for physical therapy and was not certified in the pre-authorization process on May 29 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Elbow three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 433-434 AND 437.

Decision rationale: When noting the date of injury, the mechanism of injury, the findings on physical examination and by the minimal degenerative changes noted on imaging studies and taking the consideration the metaphysical therapy, chiropractic care completed as well as the parameters outlined in the ACOEM Guidelines, there is no clinical data presented to support the medical necessity of additional physical therapy.