

Case Number:	CM14-0210443		
Date Assigned:	12/23/2014	Date of Injury:	03/15/2004
Decision Date:	02/13/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice 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 patient is a 66 year-old woman who was injured at work on 3/5/2005. The injury was primarily to her left arm. She is requesting review of denial for Physical Therapy 2 X per Week for 6 Weeks to the Left Elbow (12 Sessions). Medical records corroborate ongoing care for her injuries. These include the Primary Treating Physician's Progress Reports. These records indicate that the patient's chronic diagnoses include: Left Carpal Tunnel Syndrome and Left Cubital Tunnel Syndrome. At the office visit on 12/3/2014 it was noted that she was doing well with no complaints. Her left elbow cubital tunnel symptoms were resolving. Examination was notable for full grip strength and a positive cubital tunnel tinel's sign. Physical therapy was recommended. In the Utilization Review process MTUS/Physical Medicine guidelines were used to assess the request. The rationale for denial was as follows: the number of sessions exceeded MTUS recommendations. Further, there was lack of documentation indicating the patient's functional deficits to be addressed with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 6 weeks to the left elbow; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22, 98-99.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. These guidelines state the following: Physical Medicine Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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 therapy requires 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 instruction(s). 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 guidelines also provide specific recommendations for the number of visits. Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the number of requested visits exceeds the MTUS recommendations. Further, there is no description to allow for a fading of treatment frequency and direction towards an active, self-directed home exercise program. Finally, there is no rationale as to the functional benefit expected for use of physical therapy for this patient's condition. Therefore, 12 sessions of physical therapy for this patient's left elbow is not considered as medically necessary.