

Case Number:	CM14-0085297		
Date Assigned:	07/23/2014	Date of Injury:	08/15/2013
Decision Date:	01/23/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/06/2014

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 Rehab, has a subspecialty in Pain Management 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 48 year old male with an injury date of 08/15/13. Based on progress report dated 05/09/14, the patient is status post left arm surgery, possibly for bicep rupture (type of surgery and date not mentioned). He, presently, complains of pain and swelling over the left biceps and supinator muscles. Physical examination of the musculoskeletal region reveals tenderness to palpation distal and proximal to the scar tissue, and painful and restricted supination and pronation of the left wrist. In progress report dated 04/25/14, the patient reported a flare up in elbow pain. The patient is using ibuprofen and ice to manage symptoms, as per progress report dated 05/09/14. The patient is also receiving physical therapy and acupuncture treatment. The patient has been allowed to return to modified work, as per progress report dated 05/09/14. Diagnoses, 05/09/14:- Rupture biceps tendon, traumatic- Post op visit, industrial. The provider is requesting for post-operative physical therapy (PT) left arm. The utilization review determination being challenged is dated 05/15/14. The rationale was that there was no documentation of pain levels, ROMs, strength etc. to define the patient's post-operative care. Treatment reports were provided from 12/04/13 - 05/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy (PT) left arm: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 15-17, 98-99.

Decision rationale: This patient is status post left arm surgery, possibly for bicep rupture (type of surgery and date not mentioned), as per progress report dated 05/09/14. The request is for post-operative physical therapy (PT) left arm. The patient is currently suffering from pain and swelling over the left biceps and supinator muscles, as per the same progress report. As per MTUS Guidelines, page 15-17, patients with rupture of biceps tendon are allowed postsurgical treatment of 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In progress report dated 05/09/14, the provider states that the patient has completed 27 of the 30 physical therapy sessions. The therapy has been prescribed for strengthening. The patient is "now doing the 3 lbs. with the biceps curls and tolerating well." In progress report dated 01/29/14, the provider states that "Physical therapy is helping with symptoms." Although none of the reports specify the date of the surgery, the provider states that 01/29/14 report was almost 5 months after post-op. The therapy, as per Request for Authorization form, was requested on 05/12/14. This clearly demonstrates that the patient is not within the post-operative time frame of 6 months. Additionally, the patient has already received 30 session of post-operative therapy which exceeds the 24 sessions recommended by MTUS. Hence, this request is not medically necessary.