

Case Number:	CM15-0001444		
Date Assigned:	01/12/2015	Date of Injury:	08/25/2012
Decision Date:	03/11/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64-year-old male who reported an injury on 08/25/2012. The mechanism of injury was not provided. On 12/02/2014, the injured worker presented for a followup. He stated that therapy has helped substantially and he reported less pain and better function. Upon examination, there was tenderness throughout the left arm, particularly in the upper arms. His strength was slowly improved. The diagnoses were diffuse left arm pain, history of brachioplexus stretch injury to the left arm, pain in the upper left arm over the mid humerus, and Parkinson's disease. Current medications included Voltaren 100 mg, Prilosec 20 mg, Menthoderm Gel 120 gm. Prior therapy included physical therapy and medications. The provider recommended physical therapy, 2 times a week for 6 weeks, pending improvement with the prior therapy. A Request for Authorization form was not included for the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6: Upheld

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

Disability Guidelines (ODG); Forearm, Wrist & Hand, Physical/occupational therapy (updated 11/13/14)

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

Decision rationale: The request for physical therapy, 2 x 6, is not medically necessary. The California MTUS Guidelines state that 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process and/or to maintain improvement levels. The guidelines recommend 10 visits over 4 weeks. There is a lack of objective functional deficits noted on physical exam. The amount of prior physical therapy sessions, and the efficacy of those sessions, were not provided. Additionally, the provider's request exceeds the guideline recommendations. Additionally, the provider does not indicate the body part at which the physical therapy sessions were indicated for in the request as submitted. As such, medical necessity has not been established.