

Case Number:	CM15-0002888		
Date Assigned:	01/27/2015	Date of Injury:	08/26/2011
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old female who reported an injury on 08/26/2011. The mechanism of injury was not stated. The injured worker is currently diagnosed with right elbow ECRB. On 12/01/2014, the injured worker presented with complaints of 4/10 neck pain, 3/10 left elbow pain, 6/10 right elbow pain, and 3/10 bilateral wrist pain. The current medication regimen includes Motrin. Upon examination, there was pain and tenderness with range of motion of the elbow. Recommendations included continuation of the current medication regimen and home physical therapy. A Request for Authorization form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Physical Therapy 2 times a week for 4 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: California MTUS Guidelines state 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. There is no specific body part listed in the current request. The injured worker is currently participating in a home exercise program. Documentation of the previous course of physical therapy with evidence of objective functional improvement was not provided. Given the above, the request is not medically appropriate.