MAXIMUS Federal Services

Case Number:	CM15-0008995		
Date Assigned:	01/27/2015	Date of Injury:	11/29/2012
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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
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 49 year old female, who sustained an industrial injury on 11/29/12. She has reported left forearm and bicep pain. The diagnoses have included distal bicep tendinosis and partial tear. Treatment to date has included diagnostic studies, platelet-rich plasma injections, physical therapy and oral medications. As of the PR2 on 12/3/14, the injured worker is reporting discomfort along the proximal forearm, but feels that physical therapy is very helpful. The treating physician is requesting physical therapy 2x week for 6 weeks for the left arm. The injured worker was noted to have participated in 21 sessions of physical therapy as of 12/16/2014. The documentation of 01/16/2015 revealed the injured worker felt better than she did on her last visit. The injured worker indicated physical therapy had been helpful for her; however, she still felt slightly weak. The injured worker denied having range of motion restrictions or numbness or tingling. The physical examination of the left arm revealed mild reproduction of pain along the distal biceps muscle belly. Palpation was nontender to the resisted elbow flexion. There were no palpable masses. The injured worker had 5/5 strength and range of motion of the elbow was full with joint stability. The diagnoses included distal biceps muscular tenderness strain and distal biceps tendinosis. The treatment plan included physical therapy as she was progressing while in therapy. The injured worker was to create a home exercise program, as well. Additionally, the treatment plan included diclofenac 2% ointment for breakthrough discomfort. There was a Request for Authorization submitted for review. Additional medications included Pennsaid.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions 2x6 for the left arm: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend up to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had undergone 21 sessions of therapy. There was a lack of documentation indicating the injured worker had strength deficits or range of motion deficits that would respond to therapy. The injured worker should have started a home exercise program and be well versed. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 12 physical therapy sessions 2x6 for the left arm is not medically necessary.