

Case Number:	CM15-0139719		
Date Assigned:	07/29/2015	Date of Injury:	09/12/2013
Decision Date:	08/27/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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, 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 54 year old male, who sustained an industrial injury on 9-12-13. The diagnoses have included status post right elbow fracture surgery, history of triceps tendon rupture, and bilateral shoulders rotator cuff tendinitis-bursitis. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, and other modalities. Currently, as per the physician progress note dated 6-19-15, the injured worker complains of intermittent moderate pain in both shoulders and low back. The injured worker states that he feels loss of range of motion in the shoulders. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right elbow dated 3-31-15 that reveals chronic triceps tendinopathy, ossification within the distal tendon, and trace tendinopathy of the origin of the common extensor tendon. The current medications included Nabumetone, and Cyclobenzaprine. The exam of the right elbow reveals a healed surgical incision, tenderness to palpation over the extensor surface and incision area, restricted range of motion due to pain and fixed flexion contracture of 20 degrees. The injured worker was given a prescription for Tramadol for pain. Work status is permanent and stationary. The physician requested treatment included Physical Therapy, Right Elbow 2 times weekly for 4 weeks for 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right Elbow, 2 times wkly for 4 wks, 8 sessions: Upheld

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

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

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. In the case of injured worker, the documentation indicates that the patient had at least 8 sessions of PT authorized and had completed 3 of those 8 sessions as of March 2015. It should be further noted that the worker completed 19 post-operative PT sessions following elbow surgery. The CPMTG specify that further PT is contingent on documentation of functional gains from prior PT. The MTUS defines functional improvement as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Since the functional outcome of prior PT is not directly addressed, the additional physical therapy as originally requested is not medically necessary.