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| Case Number: | CM15-0195188 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 12/01/2002 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 09/22/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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

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 61 year old male, who sustained an industrial injury on 12-1-2002. The injured worker was being treated for shoulder and elbow pain, ulnar neuropathy, and lateral epicondylitis. The injured worker (7-9-2015 and 8-20-2015) reported ongoing bilateral upper extremity pain. The medical records show the subjective pain ratings of 7 out of 10 without medications and 5 out of 10 with medications on 7-9-2015 and 8 out of 10 without medications and 4 out of 10 with medications on 8-20-2015. The treating physician report (7-9-2015) did not include documentation of physical exam. The physical exam (8-20-2015) revealed restricted right shoulder range of motion limited by pain, except for normal left lateral rotation. The treating physician noted positive Hawkins, Neer's, shoulder crossover, lift-off, and drop arm testing. The treating physician noted tenderness to palpation in the right acromioclavicular joint, glenohumeral joint, and subdeltoid bursa. The treating physician noted restricted left shoulder flexion and extension limited by pain, positive Hawkins and Neer's tests, positive shoulder crossover test, and tenderness to palpation in the acromioclavicular joint. The treating physician noted healed scars and tenderness to palpation over the medial and lateral epicondyles of the right elbow. Treatment has included medications of oral pain, topical pain, proton pump inhibitor, and non-steroidal anti-inflammatory medications. Per the treating physician (8-20-2015 report), the injured worker is permanent and stationary and is not currently working. The requested treatments included 6 sessions (2 times a week for 3 weeks) of physical therapy of left upper extremity (focus on a home exercise program). On 9-22-2015, the original utilization

review non-certified a request for 6 sessions (2 times a week for 3 weeks) of physical therapy of left upper extremity (focus on Home Exercise Program).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy of left upper extremity (focus on Home Exercise Program) 2 times a week for 3 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2002 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 6 physical therapy of left upper extremity (focus on Home Exercise Program) 2 times a week for 3 weeks as an outpatient is not medically necessary and appropriate.