

Case Number:	CM15-0034718		
Date Assigned:	03/03/2015	Date of Injury:	03/04/2014
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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: Family Practice

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 38 year old male, who sustained an industrial injury on 03/04/2014. He has reported subsequent elbow pain and was diagnosed with right elbow distal biceps tendinitis. Treatment to date has included oral pain medication, physical therapy and a home exercise program. In a progress note dated 01/07/2015, the injured worker complained of right upper extremity pain. Objective examination findings are notable for tenderness to palpation over the distal aspect of the biceps insertion region. The physician noted that an additional round of physical therapy for greater strength would be requested so that he could return to full function at work. A request for authorization was submitted. On 01/28/2015, Utilization Review non-certified request for additional outpatient physical therapy twice a week for four weeks to the right bicep, noting that there was a lack of significant functional deficits remaining. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient physical therapy twice a week for four weeks to the right bicep:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Therapy.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical medicine modalities in treating patients with chronic pain. The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical medicine modalities in treating patients with chronic pain. These guidelines recommend physical therapy as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the records indicate that this patient has received approximately 20 sessions of physical therapy. It would be expected that the patient is engaged in a self-directed home exercise program. There is insufficient rationale provided as to why the patient needs to have additional sessions as these already exceed the MTUS guidelines. Therefore, for these reasons additional outpatient physical therapy twice a week for four weeks to the right bicep is not considered as medically necessary.