MAXIMUS Federal Services

Case Number:	CM15-0050486		
Date Assigned:	03/24/2015	Date of Injury:	03/05/2014
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/17/2015

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 28-year-old male, with a reported date of injury of 03/05/2014. The diagnoses include fracture of the mid-shaft of the left humerus and status post open reduction internal fixation; fracture of the left radius ulna and status post open reduction internal fixation; left elbow strain/sprain with nerve lesion; left wrist strain/sprain; and left hand strain/sprain. Treatments to date included an MRI of the left elbow, an MRI of the left shoulder, an MRI of the left wrist, electromyography/nerve conduction velocity of the bilateral upper extremities, oral medication, and physical therapy. The progress report dated 01/20/2015 indicates that the injured worker complained of pain in the lateral left elbow with shooting pain and sensation in the arm. The objective findings include tenderness of the medial and lateral epicondyle of the left elbow; a positive Tinel's sign, and positive Phalen's sign in the left wrist. The treating physician requested physical therapy for the left arm for strength training, increased range of motion, and decreased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the left arm with evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints,Postsurgical Treatment Guidelines. Decision based on Non-MTUS

Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Online Edition Chapter: Forearm, Wrist, and Hand, ODG Preface.

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

Decision rationale: The patient was injured on 03/05/2014 and presents with pain in the left arm along with tingling and hypersensitivity. The request is for 12 Physical Therapy sessions for the left arm with evaluation. "The focus should include strength training, increasing range of motion, and decreasing pain." The RFA is dated 01/21/2015 and the patient is to remain off work. Review of the reports provided indicates that the patient has had at least 7 sessions of physical therapy from 01/21/2015 - 02/11/2015. There is no indication of any recent surgery the patient may have had. MTUS chronic pain medical treatment guidelines page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended. The patient has a limited left shoulder range of motion, tenderness over greater tuberosity of the humerus, tenderness of acromioclavicular joint, subacromial grinding and clicking, and a positive impingement test. The patient is diagnosed with fracture midshaft left humerus, fracture left radius ulna, ruptured long head bicep tendon (left), left elbow sprain/ strain, left wrist sprain/strain, and left hand sprain/strain. There is no discussion provided as to how these sessions impacted the patient's pain and function. There is no indication as to why the patient is not able to establish a home exercise program to manage her pain. Furthermore, an additional 12 sessions to the 7 sessions the patient has already had, exceeds what is allowed by MTUS Guidelines. Therefore, the requested physical therapy is not medically necessary