

Case Number:	CM14-0166232		
Date Assigned:	10/13/2014	Date of Injury:	01/02/2014
Decision Date:	11/13/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old male who sustained a work related injury on Jan 2, 2014 as result of a slip and fall onto his left upper extremity and shoulder. Since then he has complained of left elbow pain. Upon examination he has tenderness to palpation at the anterior humeral head of the left shoulder. In addition he has tenderness to light palpation to the lateral bony epicondyle of the left elbow with appreciable deficit of both supination and pronation. Imaging studies includes a left shoulder MRI dated 4/17/2014 that identifies a high-grade articular surface supraspinatus cuff tear. A plain radiograph dated 03/17/2014 indicates a radial head fracture of the left elbow. In dispute is a decision for physical therapy with work hardening 2 times 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with work hardening 2 times 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 11-12, 98-99.

Decision rationale: In general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education,

activity modification) instead of passive treatments is associated with substantially better clinical outcomes. 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. The patient had a fracture of the radial head with appreciable deficit in elbow range of motion. Physical therapy will assist in restoring his range of motion post casting, therefore the request is medically necessary.