

Case Number:	CM14-0180042		
Date Assigned:	11/04/2014	Date of Injury:	06/17/2014
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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 Orthopedic Surgery, and is licensed to practice in California. 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:

33-year-old male claimant with an industrial injury dated 06/17/14. Exam note 07/25/14 states the patient returns with no improvement. The patient continues to have right elbow/forearm pain and stiffness. The patient completed 12-15 physical therapy sessions. Upon physical exam the patient had a right elbow radial head with flexion of 120', extension was noted as (-) 10, supination of 80', and pronation of 70'. Diagnosis is noted as right forearm contusion, right radial head fracture, and right wrist contusion. Treatment includes a continuation of medication, an orthopedic referral, exercise and strength routine, and to continue physical therapy three times a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Physical Therapy Right Forearm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98 and 99 recommend the following for non-surgical musculoskeletal conditions. Physical

Medicine Guidelines are as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks and neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. As the requested physical therapy has an unspecified amount of visits and there is lack of prior response to visits, the determination is not medically necessary.