

Case Number:	CM14-0092193		
Date Assigned:	07/25/2014	Date of Injury:	03/13/2014
Decision Date:	09/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/18/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 57-year-old female with a reported injury on 03/13/2014. The mechanism of injury was due to a child pulling on her right arm. The injured worker's diagnoses included moderate extensor tendinosis and mild bicep tendinosis. The injured worker has had previous treatments with NSAIDs and she has had 4 initial visits of physical therapy which was noted to have "good progress" with increased range of motion and strength. The injured worker had an examination on 06/16/2014 for authorization for additional therapy. The injured worker was taking Motrin and also lidocaine patches. She was continuing to work with work restrictions. It was stated that she had no change in her examination and actual examination of functional deficits, motor strength, sensations, and reflexes was not provided. There was no mention of the efficacy of her pain medication. On 05/16/2014 the injured worker had an evaluation of her physical therapy. It did mention that the injured worker stated that her pain was getting better. Although again, there was no functional deficits or recorded functional improvements. The medication list consisted of lidocaine pain patch and ibuprofen. The recommended plan of treatment is to get authorization for more sessions of physical therapy. The Request for Authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): also forearm wrist and hand. Decision based on Non-MTUS Citation Official Disability Guidelines, elbow, wrist & hand.

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

Decision rationale: The request for 12 sessions of physical therapy is non-certified. The California MTUS Guidelines recommend physical therapy be 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 also requires that injured workers are instructed and expected to continue active therapies at home as an extension of their treatment process in order to maintain improvement levels. There was no evidence or examination of flexibility, strength, endurance, function, range of motion, or efficacy of any pain relief. The guidelines recommend up to 10 visits of physical therapy and the injured worker has already had 4 visits of physical therapy without documentation of functional improvement. The request for 12 sessions of physical therapy exceeds the recommended amount of 10 therapy sessions. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for 12 sessions of physical therapy is non-certified.