

Case Number:	CM14-0099192		
Date Assigned:	09/23/2014	Date of Injury:	01/23/2014
Decision Date:	10/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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 Family Medicine 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:

This is a 53-year-old male patient who reported an industrial injury on 1/23/2014, to the right elbow, attributed to the performance of his usual and customary job tasks. The patient complained of persistent right elbow pain. The patient is s/p right elbow biceps tendon rupture repair on 2/10/2014. The patient received post operative rehabilitation therapy with 14 sessions of PT. The patient is performing modified work. The patient is improved; however complains of mild pain and right forearm tenderness. The objective findings on examination included right upper extremity tenderness to palpation; full range of motion; muscle strength 5/5; no joy instability; full elbow range of motion; no tenderness to palpation; grip strength is documented in normal. The patient reported having improvement with myofascial release and physical therapy. The treatment plan included four (4) additional sessions of physical therapy directed to the right elbow and four sessions of massage therapy directed to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x4 for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter-physical therapy-rupture of biceps tendon

Decision rationale: The request for four (4) additional post-operative sessions of PT to the right elbow s/p surgical intervention is in excess of the number of sessions of physical therapy recommended by the CA MTUS for the postoperative rehabilitation of the elbow. The patient is well past the 16-week period recommended by the CA MTUS for rehabilitation of the postoperative elbow. The patient is documented to have received prior authorization for sessions of postoperative physical therapy. The patient is eight (8) months s/p DOS and should be in a self-directed home exercise program for additional conditioning and strengthening. The patient is noted to have normal range of motion, no muscle atrophy and 5/5 strength. The patient is documented to have received postoperative sessions of physical therapy. The request for additional physical therapy is work hardening significantly exceeds the recommendations of the CA MTUS for the number of sessions of physical therapy and the time period for rehabilitation status post biceps tendon repair surgery. The CA MTUS and the Official Disability Guidelines recommend twenty-four (24) sessions of physical therapy over sixteen (16) weeks for the surgical postoperative rehabilitation of the elbow. There is no provided evidence or objective findings on physical examination provided to support the medical necessity of an additional number of sessions of physical therapy beyond the number recommended by the CA MTUS for the elbow. There is no objective evidence provided that the patient requires additional physical therapy over the recommended self-directed home exercise program. There is no evidence that the patient is participating in a self-directed home exercise program.

Massage therapy x4 for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter-physical therapy-rupture of biceps tendon

Decision rationale: The CA MTUS chronic pain treatment guidelines only recommend up to 4-6 sessions of massage therapy for an injury and only in conjunction with a rehabilitation exercise program while warning of dependency on passive treatment modalities. There is no demonstrated functional improvement with massage therapy and there is no demonstrated medical necessity for massage therapy as opposed to HEP. The treating physician did not provide subjective/objective evidence to support the medical necessity of the additional physical therapy or massage therapy for the treatment of the patient's right elbow chronic pain issues over the recommended participation in a self-directed home exercise program. There is no provided medical necessity for the passive treatment with massage therapy over a self-directed home exerciser program. The use of massage therapy for chronic elbow pain is not consistent with the recommendations of evidence-based guidelines. There is no documentation that massage therapy is being used as an adjunct to a comprehensive rehabilitation plan with strengthening and conditioning. The request for massage therapy was not supported with any clinical rationale from

the provider for the treatment of the lower back chronic pain issues with more massage therapy. There was no provided objective evidence to support the medical necessity of massage therapy beyond the recommendations of the evidence-based guidelines. The patient should be placed on active participation in an independently applied home exercise program consisting of stretching, strengthening, and range of motion exercises as opposed to the use of passive massage therapy. There is no subjective/objective evidence provided to support the request for authorization of a referral to massage therapy for four (4) sessions. Massage Therapy is not recommended for maintenance care of the elbow chronic pain and is not recommended in place of the home exercise program subsequent to the provided sessions of physical therapy. The passive treatment modality is not recommended for the treatment of chronic elbow pain in favor of more active participatory exercise programs. The request is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines for the treatment of chronic pain. There is no demonstrated medical necessity for the requested four sessions of massage therapy directed to the postoperative right elbow.