MAXIMUS Federal Services

Case Number:	CM14-0216044		
Date Assigned:	01/06/2015	Date of Injury:	11/24/2001
Decision Date:	02/25/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 & Rehabn

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 48 year old male reportedly sustained a work related injury on November 24, 2001 due to lifting weights. The injury is to the right elbow, forearm and hand. Diagnoses include shoulder surgery, compartment release surgery and peripheral nerve entrapment of forearm. Primary treating physician visit dated June 2, 2014 notes flare up of right arm with burning radiating pain down the arm to fingers with numbness and tingling. It was noted that prior physical therapy has been very effective. Treatment of 6 physical therapy sessions was approved. He continues to perform his work duties full time. Primary treating physician visit dated December 16, 2014 provides the injured worker complains of pain radiating down the arm with numbness and tingling in the fingers. Pain is relieved with medication. Physical exam reveals swelling and redness of forearm with tenderness on palpation. The injured worker remains permanent and stationary. Medication includes Terocin, Fenoprofen and Prilosec.On December 23, 2014 utilization review found a request dated December 16, 2014 for physical therapy quantity 6 to be non-certified. Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were cited in the determination. Application for independent medical review (IMR) is dated December 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The patient presents with radiation of moderate pain down the arm in a C8/T1 distribution. The request is for physical therapy x6. Patient's diagnosis on 12/16/14 included Peripheral nerve entrapment upper extremity. Patient has had prior physical therapy treatment for similar flares over a year ago which was reported as helpful. Patient is permanent and stationary.MTUS pages 98, 99 have 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended."Treater is requesting 6 sessions of physical therapy for current flare and to progress with strengthening /flexibility program for the patient's injured right arm and forearm; however, does not discuss in detail why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Furthermore, per progress report dated 12/16/14, treater states: "Patient has had physical therapy treatment for similar flares over a year ago which was reported as helpful." Other than this generic statement, none of the reports show documentation regarding how the previous PT sessions have been beneficial in terms of reducing pain and improving functionality. Given the lack of documentation required by MTUS, the request is not medically necessary.