

Case Number:	CM14-0216989		
Date Assigned:	01/06/2015	Date of Injury:	09/15/2010
Decision Date:	03/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Orthopedic Surgery, Sports Medicine

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 47-year-old female who reported an injury on 09/15/2010 due to a slip and fall, landing on her left side. The clinical note dated 12/30/2014 noted the injured worker complains of pain in the elbow area. Upon examination, there was less firm tissue around the scar than the prior evaluation, a smaller nodule still present. The treatment plan included retraining giving exercises for dexterity. Prior therapy included physical therapy, the use of an E stim unit, and medications. The provider recommended physical therapy with a quantity of 12. There was no rationale provided. The Request for Authorization form was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, quantity: 12,: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for physical therapy with a quantity of 12 is not medically necessary. The California MTUS Guidelines state 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. The guidelines recommend 10 visits of physical therapy over 4 weeks. There is a lack of documentation indicating the amount of prior physical therapy sessions the injured worker underwent and the efficacy of those treatments. There are no objective functional deficits noted on physical exam. There are no significant barriers to transitioning to an independent home exercise program. The provider does not specify the body part that the requested physical therapy sessions is indicated for or the frequency of the requested sessions. As such, medical necessity has not been established.