

Case Number:	CM15-0116560		
Date Assigned:	06/30/2015	Date of Injury:	10/07/2014
Decision Date:	07/29/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28 year old male, who sustained an industrial injury on 10/07/2014, while employed as a cashier. The injured worker was diagnosed as having right forearm laceration. Treatment to date has included physical therapy (at least 16 sessions up to 1/22/2015) and medications. Currently (4/15/2015), the injured worker complains of right arm pain rated 5/10, described as aching and burning. Right elbow range of motion was 0-130 degrees, with pronation and supination 90 degrees. Tenderness to palpation was noted over the mid volar forearm in the area of the lacerations. Motor and sensory exams were intact. It was documented that he had undergone physical therapy and this helped him to some extent. His work status was full duty. The treatment plan included additional physical therapy (2 x 4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 (Right Forearm): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, Physical Therapy Guidelines (2) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury with a right forearm laceration in October 2014 and continues to be treated for right elbow pain. When seen, he was having right elbow and left knee pain. There was forearm tenderness and patellofemoral tenderness. There was normal range of motion. Prior therapy is referenced as having helped to some extent. As of January 2015 there had been completion of 16 physical therapy treatments for the right forearm / elbow. Guidelines recommend up to 9 visits over 8 weeks for the treatment of the claimant's forearm condition. Additional physical therapy is being requested and it is unclear whether this is intended as treatment for the forearm or left knee. In terms of the forearm, the claimant has already had in excess of the number of recommended treatments. The number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. In terms of the knee, the claimant's condition is chronic. Guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is also in excess of that recommended and the request was therefore not medically necessary.