MAXIMUS Federal Services

Case Number:	CM15-0126675		
Date Assigned:	07/13/2015	Date of Injury:	07/29/2014
Decision Date:	08/06/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/30/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on July 29, 2014, incurring left arm injuries after heavy lifting. Due to persistent pain, a Magnetic Resonance Imaging was performed of the left elbow and revealed a torn tendon. He underwent left elbow tendon repair surgery. Treatment included pain medications, work modifications with restrictions. Currently, the injured worker complained of continuous pain in the left elbow radiating to the forearm, hand, fingers and up into the shoulder. The pain level was a 7 on a pain scale of 1 to 10. The elbow pain increased with reaching, lifting, carrying, pulling and pushing. He was noted to have numbness, tingling and weakness in the left upper extremity. He was diagnosed with left forearm arthropathy. The treatment plan that was requested for authorization included eight sessions of therapy for the left elbow and range of motion test for the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions (2 x 4 weeks) of therapy to include infrared, myofascial release, electrical stimulation, ultrasound computer assisted EMS, therapeutic exercise for the left elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version - Infrared therapy (IR).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Myofascial, page 122.

Decision rationale: Myofascial therapy is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative therapy and should be on an independent home exercise program. The patient has received a significant amount of multiple treatment modalities without any specific change in chronic symptom complaints, clinical findings, and functional status. A short course may be appropriate during an acute flare-up; however, no new injury or flare is reported nor is there any demonstrated clinical change or functional improvement from treatment rendered previously for this chronic injury of 2014. Without any new onset or documented plan for a concurrent active exercise program, criteria for myofascial therapy have not been established per MTUS Chronic Pain Guidelines. The request for eight (8) sessions (2 x 4 weeks) of therapy to include infrared, myofascial release, electrical stimulation, ultrasound computer assisted EMS, therapeutic exercise for the left elbow is not medically necessary and appropriate.

Physical therapy 2 x 4 weeks for the left elbow: Upheld

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

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

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. The request for physical therapy 2 x 4 weeks for the left elbow is not medically necessary and appropriate.

Range of Motion test 1 x month for left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

Decision rationale: Computerized muscle testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, for example, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized muscle strength testing and ROM outside recommendations from the Guidelines has not been established. The request for range of motion test 1 x month for left elbow is not medically necessary and appropriate.