

Case Number:	CM15-0072419		
Date Assigned:	04/22/2015	Date of Injury:	05/01/2014
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 44 year old female, who sustained an industrial injury on 05/01/2014. She reported right elbow pain. Treatment to date has included an ergonomic evaluation, 12 physical therapy sessions for left trapezius and right lateral epicondyle and medications (Voltaren, Robaxin and Ibuprofen). According to a progress report dated 03/18/2015, the injured worker complained of left neck pain and discomfort and bilateral elbow pain and discomfort. Diagnoses included left trapezius strain, left forearm muscle strain and right lateral epicondylitis. The injured worker was placed on modified work duty. Treatment plan included physical therapy. Currently under review is the request for physical therapy one to two times a week for three to four weeks, six total treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy - one (1) to two (2) times a week for three (3) to four (4) weeks, six (6) total treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 1 to 2 times per week for 3 to 4 weeks (six sessions total) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left trapezius strain; left forearm muscle strain; and right lateral epicondylitis. Subjectively, according to a March 19, 2015 progress note the injured worker received 12 physical therapy sessions to the left trapezius and lateral epicondyle. There are complaints of neck pain and discomfort and bilateral elbow pain and discomfort. The utilization review concurs with 12 sessions. However, a faxed document dated March 19, 2015 shows the injured worker received 42 sessions of physical therapy. Objectively, range of motion in the cervical spine is full with normal motor freight. Elbow examination range of motion is full with normal strength bilaterally. The treatment plan states the injured worker has reached maximal medical improvement. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the documentation indicating additional physical therapy is clinically indicated. To date, the injured worker received 42 sessions of physical therapy (dates detailed in a March 19, 2015 email). Consequently, absent compelling clinical documentation with objective functional improvement (a prior PT) and compelling clinical facts indicating additional physical therapy is warranted, physical therapy 1 to 2 times per week for 3 to 4 weeks (six sessions total) is not medically necessary.