MAXIMUS Federal Services

Case Number:	CM15-0093909		
Date Assigned:	05/22/2015	Date of Injury:	10/08/2014
Decision Date:	09/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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 59-year-old female with an industrial injury dated 10-08-2014. The injured worker's diagnoses include cervical spine sprain and strain with underlying degenerative disc disease, left shoulder sprain and strain with underlying acromioclavicular joint (AC) joint osteoarthritis, right shoulder sprain and strain with underlying acromioclavicular joint (AC) joint osteoarthritis, right elbow lateral epicondylitis, left hand first carpometacarpal joint pain, right hand first carpometacarpal joint pain and lumbar spine sprain and strain with underlying degenerative disc disease. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 04-20-2015, the injured worker reported neck pain, bilateral shoulder pain and bilateral wrist and hand pain. The injured worker also reported limited range of motion and painful movement. Objective findings revealed no tenderness to palpitation in the right elbow, bilateral wrist and lumbar spine. Tenderness to palpitation over the bilateral upper trapezius and bilateral shoulders were noted on examination. The treatment plan consisted of home exercise program, follow up visit and physical therapy for cervical spine, right shoulder, right elbow, bilateral wrist and bilateral hand. The treating physician prescribed services for physical therapy for the right elbow, 2 x 6 weeks, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Elbow, 2 x 6 weeks (12 total): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 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 9-10 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. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The physical therapy for the right elbow, 2 x 6 weeks (12 total) is not medically necessary and appropriate.