

Case Number:	CM14-0142403		
Date Assigned:	09/10/2014	Date of Injury:	03/05/2014
Decision Date:	10/06/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year-old patient sustained an injury on 3/5/14 while employed by [REDACTED]. Request(s) under consideration include 6 Physical Therapy visits for the Left Elbow and Left Wrist. X-rays on 3/19/14 showed hypertrophic bony changes at distal radial shaft. EMG/NCV dated 4/23/14 showed normal findings. Conservative care has included medications, physical therapy, elbow pad, wrist wrap/ splint, and modified activities/rest. Medications list Norco, Ibuprofen, and Biofreeze. Report of 3/19/14 from the provider noted the patient with left wrist and hand pain, stiffness and weakness. Therapy was started on 3/20/14 with report on 5/6/14 noting patient completed 12 visits with overall 50% improvement in symptoms. The patient continued with pain and overall weakness. P&S report of 5/28/14 noted 5/5 motor strength, DTRs of 2+ with negative provocative testing in Tinel's, Phalen's, Finkelstein's having reached MMI for patient to return to full duty without restrictions. DFR of 8/13/14 from another provider noted patient with left elbow and left wrist pain and stiffness. Exam showed negative provocative testing, full range and strength with tenderness at lateral epicondyle. The request(s) for 6 Physical Therapy visits for the Left Elbow and Left Wrist was non-certified on 8/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy visits for the Left Elbow and Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition; Chapter Elbow; Forearm, Wrist, and Hand; Physical Therapy

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

Decision rationale: Physical 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions with unremarkable clinical findings to support further therapy having received previous 12 visits and has been made P&S with return to regular work. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this soft tissue injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy. The 6 Physical Therapy visits for the Left Elbow and Left Wrist is not medically necessary and appropriate.