

Case Number:	CM14-0173570		
Date Assigned:	10/24/2014	Date of Injury:	08/18/2010
Decision Date:	11/25/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 New York. 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:

The injured worker is a 62-year-old male who reported an injury on 08/15/2010. The mechanism of injury was not submitted for review. The injured worker is status post elbow surgery in 2012. Past medical treatment consists of surgery, physical therapy, ultrasound, EMS, heat/cold packs, and medication therapy. Medications include Lorazepam, hydrocodone, and Ativan. Urinalysis obtained on 04/02/2014 showed that the injured worker was inconsistent with prescribed medications. Medical treatment plan is for the injured worker to continue with physical therapy to the right elbow 2 times a week for 6 weeks. The rationale was not submitted for review. The Request for Authorization form was submitted on 04/02/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 to right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength,

endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The submitted documentation indicated that the injured worker had relief with range of motion with physical therapy. However, it was not indicated how continued physical therapy would help with functional deficits. Additionally, it is unclear as to how many physical therapy sessions the injured worker has had to date. Furthermore, it is unclear as to how the injured worker would not benefit from a home exercise program. The request as submitted is for an additional 12 sessions, exceeding recommended guidelines for physical therapy. Given the above, the injured worker is not within California MTUS recommended guidelines. As such, the request is not medically necessary.