

Case Number:	CM13-0003848		
Date Assigned:	12/18/2013	Date of Injury:	01/31/2003
Decision Date:	02/27/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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 claimant is a 69-year-old female who was injured on February 11, 2003 sustaining an injury to the right shoulder, right upper extremity, wrist and bilateral elbows. Current clinical assessment of November 22, 2013 with [REDACTED], physician assistant, indicated she continues to followup for her right elbow chronic pain condition with numbness and tingling at the medial aspect of the elbow with radiation into the hand. Objectively she was noted to be with tenderness over the prior surgical site with mild tenderness over the cubital tunnel and full range of motion of the elbow. She is noted to be status post right cubital tunnel release procedure from January of 2013 as well as prior apparent carpal tunnel release procedure. At present there is a request for eight additional sessions of physical therapy in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks, QTY 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Based on California MTUS Guidelines, continued physical therapy would not be indicated. The claimant is nearly a year from the time of her cubital tunnel procedure

with examination findings demonstrating some continued sensory change, but no evidence of functional deficit to the elbow. When looking at the role of physical therapy in the chronic setting, it is done so for acute therapeutic intervention for pain, inflammation, or acute process. The claimant's current physical examination fails to demonstrate an acute process of the elbow with an inability to document why an aggressive home exercise program would not be more appropriate. The continued role of formal physical therapy for eight sessions of the claimant's upper extremity at this chronic stage in course of care would not be supported.