

Case Number:	CM13-0009707		
Date Assigned:	03/10/2014	Date of Injury:	06/25/2009
Decision Date:	04/03/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 38 year-old male who was injured on 6/25/09. According to the 6/27/13 report from [REDACTED], the patient presents with pain and hypersensitivity in the right upper extremity. The diagnoses included cervical spine sprain; right shoulder impingement s/p SAD 3/2011; left shoulder impingement s/p SAD 8/2011; s/p left elbow epicondylar release and ulnar transposition on 6/25/12, and s/p right elbow ulnar nerve transposition and medial epicondylar release on 2/26/13. He completed Physical Therapy (PT) and is working with his home exercises. He has pain and weakness in the right elbow and has difficulty carrying even a light bag of groceries. The patient was interested in pursuing another course of PT and [REDACTED] requested PT 2x6. On 8/1/13, Utilization Review (UR) modified the request to allow 8 sessions of PT.

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 6 WEEKS FOR THE RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: On 6/27/13, the patient presents with right elbow pain and hypersensitivity. He underwent ulnar nerve transposition, and medial epicondyle release on 2/26/13 and is still within the 6-months MTUS postsurgical physical medicine treatment timeframe. The 6/27/13 report notes the patient had improved Range of Motion (ROM), but still had decreased strength. The MTUS surgical guidelines, state: "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." The surgeon believes the elbow/arm condition can be improved further with PT. The request appears to be consistent with the MTUS postsurgical treatment guidelines.