

Case Number:	CM13-0014518		
Date Assigned:	10/04/2013	Date of Injury:	02/15/2012
Decision Date:	03/04/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/22/2013

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 Physical Medicine and 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 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:

This is 46-year-old female who reported an injury on 02/15/2012 due to repetitive trauma which caused injury to the left elbow. Prior treatments included immobilization and physical therapy. The patient's most recent clinical examination findings included pain complaints of the left elbow with numbness and tingling, and positive electrodiagnostic studies. The patient's diagnosis included left cubital tunnel syndrome. The treatment plan included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) days a week for four (4) weeks for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested physical therapy 2 days a week for 4 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent physical therapy for this injury. The clinical documentation submitted for review does not provide any evidence of significant functional

gains as a result of the previous therapy. California Medical Treatment Utilization Schedule recommends continued physical therapy is based on functional gains to support the efficacy of treatment. As there is no documentation of functional gains as a result of the prior physical therapy, continuation of this treatment modality is not supported. Additionally, there is no documentation that the patient has been transitioned into a home exercise program. Although a short course of treatment may be indicated to establish a home exercise program, the requested 2 days a week for 4 weeks is considered excessive. As such, the requested physical therapy 2 days a week for 4 weeks is not medically necessary or appropriate.