

Case Number:	CM13-0030725		
Date Assigned:	11/27/2013	Date of Injury:	11/08/2011
Decision Date:	02/18/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/30/2013

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 Chiropractor and Acupuncture, and is licensed to practice in Texas. 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 patient is a 44-year-old female who reported an injury on the dates 07/18/2011 and 11/08/2011. The patient has been experiencing a flare up of the cervical spine, upper back and right wrist and right elbow. According to the documentation dated 11/20/2013, which is the most recent clinical date, the patient has been doing physical therapy 2 times a week, and it was helping with her symptoms. The patient was looking at having a cubital tunnel release performed on the right side and was considered a surgical candidate due to her updated EMG/NCV revealing right cubital tunnel entrapment and C5-6 right cervical radiculopathy. The patient had been diagnosed with carpal tunnel syndrome, elbow tendonitis, cervical disc bulge with radiculitis, thoracic outlet syndrome, ulnar nerve entrapment at the cubital tunnel and stenosing tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the Right Elbow 2 times a week for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Section on Pain Suffering and the Restoration of Function Chapter, pg 114, and the Official Disability Guidelines (ODG), Elbow Chapter as well as the online Physical Therapy Guidelines

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

Decision rationale: Regarding the request for physiotherapy of the right elbow at 2 times a week times 2 weeks, under the California MTUS, patients are allowed 9 to 10 visits over 8 weeks for myalgia and myositis, unspecified, and 8 to 10 visits over 4 weeks for neuralgia, neuritis and radiculitis, unspecified. In the case of this patient, the documentation indicates that the patient has already undergone 24 sessions of physical therapy to date. Therefore, the requested service would exceed the maximum allowance per the California MTUS Guidelines. Furthermore, there are no objective measurements indicating improvement with the previous treatment, nor has the patient been indicated as having any functional deficits, functional goals and a statement identifying why an in home exercise program would be insufficient to address the remaining functional deficits. Lastly, there is nothing indicating extenuating circumstances to warrant additional physiotherapy for the right elbow. As such, the requested service is non-certified.