

Case Number:	CM13-0039691		
Date Assigned:	12/20/2013	Date of Injury:	07/23/2012
Decision Date:	03/24/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/08/2013

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 has a subspecialty in Pain Management 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 a male patient with a date of injury of 7/23/12. A utilization review determination dated 10/3/13 recommends non-certification of 6 PT sessions for the left elbow as the amount of prior PT was not documented and there was no documentation of functional deficits. A progress report dated 10/3/13 identifies left elbow pain and tenderness over the common extensor and radial tunnel. A 9/2/13 progress report suggests that 18 prior elbow PT sessions were completed and states that the patient's work duties are very physical and requiring strength in the left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Physical Therapy Sessions for the Left Elbow between September 27, 2013 and November 26, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ACEOM 2nd Edition (2007) Chapter 10 - Elbow Disorders (revised), and Table 4 Summary of Recommendations for Evaluating and Managing Elbow Complaints

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

Decision rationale: Regarding the request for six physical therapy sessions for the left elbow, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of 18 prior PT sessions. The remaining deficits are nonspecific strength deficits and there is no documentation as to why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury. In light of the above issues, the currently requested six physical therapy sessions for the left elbow is not medically necessary