

Case Number:	CM13-0042390		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2011
Decision Date:	02/11/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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 & 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 56 year-old male sustained an injury on 6/7/11 while employed by [REDACTED]. The request under consideration includes physical therapy elbow x12 visits. An MRI of the left elbow dated 8/6/13 noted no evidence of a biceps tendon tear or associated biceps muscle injury in the visualized portion of the biceps. An EMG dated 7/12/13 noted mild ulnar neuropathy at the elbow and mild carpal tunnel syndrome (CTS). Reports from [REDACTED] dated 8/28/13 and 12/30/13 noted continued elbow pain complaints. Exam showed thrombotic thrombocytopenic purpura over the medial joint line; + distal biceps tendon defect with superior migration, pain with wrist flexion/extension, and elbow flex/extension; strength 4-/5, decreased flexion, supination and pronation; +Tinel's into hand and +Phalen's distally, Neurovascular intact remains unchanged. Diagnoses include left biceps tendon rupture; left wrist CTS; Ulnar neuritis; Non-traumatic rupt biceps tendons. Work status remains at no lifting > 5 lbs, and no forceful or repetitive use of the left arm. The review indicated the patient has received at least 12 PT visits with another 12 authorized; however, no surgical history was provided. Report of 11/15/12 from [REDACTED] made reference that MRI of the elbow was normal per the agreed medical evaluation (AME) report; however, he continues to assert there is a clinical defect indicating bicep rupture and requests for repeat MRI which has been denied. The current PT request for 12 visits was non-certified on 10/7/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy elbow 12 visits: Upheld

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

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

Decision rationale: The medical records provided for review indicate the patient has received at least 12 PT visits with another 12 authorized; however, no surgical history was provided. Although the provider continues to assert a clinical diagnosis of non-traumatic bicep tendon rupture, an AME report noted otherwise and there is no history of operative intervention for current conflict of medical opinion. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this June 2011 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when extensive prior treatment rendered has not resulted in any functional benefit. Consequently, the request for 12 physical therapy visits for the elbow is not medically necessary and appropriate.