

Case Number:	CM13-0048874		
Date Assigned:	12/27/2013	Date of Injury:	10/15/2009
Decision Date:	02/26/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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 Orthopedic Surgery and Hand Surgery, 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 35-year-old male who reported a work related injury on 10/15/2009, specific mechanism of injury not stated. The patient presents for treatment of the following diagnosis, left shoulder status post SLAP repair, decompression, and open Mumford, status post left ulnar neuritis with cubital tunnel release. The clinical note dated 10/18/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient has utilized a Medrol Dosepak, 2 injections, and physical therapy with no afforded relief reported. The provider documents the patient reports continued pain and weakness with shooting pains to the elbow and numbness to the hand. The patient reports sensitivity has increased. The patient reported he does not want to have further surgical interventions. Full range of motion was noted upon physical exam of the left elbow, tenderness upon palpation over the medial and lateral joint, laxity with valgus stress testing was noted at the elbow and numbness was reported to the left hand and 4th and 5th digits. The provider reviewed electrodiagnostic studies of the left upper extremity dated 09/23/2013 which revealed there was no electrodiagnostic evidence to support a diagnosis of entrapment neuropathy. The provider documented the patient was working regular work duties and was to utilize a short course 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 2-3 times 4 for the left elbow: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient presents with significant objective findings of symptomatology to continue utilization of supervised therapeutic interventions at this point in his treatment. The clinical notes document the patient last utilized physical therapy in 07/2013. Documentation of specific duration, frequency, and efficacy of treatment was not evidenced in the clinical notes reviewed. In fact, the requesting provider documented Medrol Dosepak, injections, as well as physical therapy afforded the patient no relief of his symptomatology. At this point in the patient's treatment, utilization of an independent home exercise program to decrease pain complaints about the left elbow would be indicated per California MTUS, as California MTUS states to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given all of the above, the request for physical therapy 2 to 3 times per week for 4 weeks for the left elbow is not medically necessary or appropriate.