

<b>Case Number:</b>	CM13-0056544		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	03/15/2007
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 49-year-old male with a reported injury on 03/15/2007. The mechanism of injury was not provided within the clinical documentation. The clinical note dated 10/14/2013 reported that the injured worker complains of ongoing pain to his left elbow, wrist, and hand with numbness and tingling to the left upper extremity. The clinical note dated 01/21/2013 revealed decreased strength, sensory deficit and tenderness to the left wrist and hand per physical examination. The injured worker's diagnoses included status post left elbow antecubital exploration and decompression with residuals, median nerve branch injury, left upper extremity per neurodiagnostic studies, and possible psychological sequelae secondary to industrial injury, defer to the appropriate specialist. The injured worker's prescribed medication regime was not provided with the clinical documentation. The provider requested physical therapy for the injured worker's left elbow, the rationale was not provided within the clinical notes. The request for authorization was submitted 11/18/2013. The injured worker's prior treatments included previous physical therapy which was reported by the requesting physician to have temporary benefits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks to 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 Physical Medicine Page(s): 98.

**Decision rationale:** The request for physical therapy 2 times a week for 6 weeks to the left elbow is not medically necessary. The injured worker complained of ongoing pain to his left elbow, wrist, and hand with numbness and tingling to the upper extremity. The treating physician's rationale for physical therapy was not provided within the clinical notes. The CA MTUS guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there is a lack of documentation indicating the injured worker had significant functional deficits. Moreover, there is a lack of clinical documentation of a recent physical examination for the injured worker. It is noted that the injured worker has had previous sessions of physical therapy; however, there is a lack of clinical information provided indicating the amount of sessions and if the injured worker had any documented functional improvement. It is also noted that the requesting provider stated that the previous physical therapy provided temporary benefits. Given the information provided, there is insufficient evidence to determine the appropriateness of physical therapy. Moreover, the request for physical therapy 2 times a week for 6 weeks exceeds the guideline recommendations of 8 to 10 initial physical therapy sessions. Therefore, the request is not medically necessary.