

Case Number:	CM13-0056691		
Date Assigned:	12/30/2013	Date of Injury:	12/26/2012
Decision Date:	05/02/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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 has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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 patient was injured on 12/26/2012. The patient states he was driving and lost control of the vehicle and crashed into a cement wall twice on the freeway. The patient was jolted back and forth. The patient is experiencing intermittent headaches. He complains of intermittent pain to the neck and both shoulders with pain radiating to both arms and left elbow. Diagnostic studies reviewed include NCS of the left elbow dated 04/03/2013 revealed an abnormal nerve conduction study of the upper extremities. There is lectrodiagnostic evidence of a mild left carpal tunnel syndrome. MRI of the left elbow without contrast dated 03/16/2013 revealed an unremarkable MRI of the elbow. MRI of the left knee without contrast dated 03/16/2013 revealed a normal MRI of the left knee. PR2 dated 11/18/2013 indicated the patient is in for follow-up regarding the pain that affects his cervical spine, left shoulder, left elbow and left knee. He has been taking ibuprofen on an as-needed basis. He reports improvement in his pain levels from 4/10 to 0/10 with medications. Objective findings on examination of the right elbow revealed range of motion on flexion is limited to 140 degrees, extension normal at 0, and supination and pronation are limited to 60 degrees; Tinel's test is positive; sensation is decreased in the ulnar nerve distribution on the right medial forearm. The patient is diagnosed with 1) Acute cervical strain; 2) Left shoulder strain; 3) Left elbow medial epicondylitis, rule out cubital tunnel syndrome; 4) Left knee contusion with residual patellofemoral pain in his left elbow, with pain radiating to his left hand. He has numbness and tingling in his left hand. The patient rates his pain 2/10. He has weakness in his left hand. His pain increases with gripping, grasping, flexing/extending, rotating, and repetitive hand and finger movements. His pain level varies throughout the day depending on activities. Objective findings on examination of the left elbow revealed no evidence of edema, bruise, atrophy, discoloration, rash, scar, abrasion or laceration.

There is tenderness to palpation over the biceps and hypertonicity; Mill's test is positive; Tinel's ulnar nerve test is positive; muscle strength is 5/5 with flexion, extension, Supination, and pronation. His sensation is normal in the median and radial nerve distribution and was decreased in the ulnar nerve distribution; rule out carpal tunnel syndrome. Physical therapy of the left elbow is recommended for this patient two times a week for four weeks. Note dated 02/20/2013 indicates the patient was being treated at [REDACTED]. He was receiving therapy twice a week. He was working and receiving therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medical epicondylitis Physical Therapy Guidelines

Decision rationale: Based on the medical documentation provided for review, the findings do not support ODG Guidelines for physical therapy or MTUS Medical Guidelines. According to the note dated 02/20/2013 the patient was being treated at [REDACTED], wherein he was receiving therapy twice a week. However, there is no physical therapy medical documentation included for review. In addition, the recent medical records do not appear to demonstrate the existence of clinically significant pain and/or loss of function affecting the elbow. The patient reports 0/10 pain with NSAID use has good range of motion and full motor strength demonstrated on examination. Considering that the patient has already undergone physical therapy previously, it is reasonable that he should be versed in an independent home exercise program that utilizes gentle stretching, range of motion exercises, use of palliative methods such as ice/heat, and activity modification, to manage his residual complaints. The medical necessity for the request of physical therapy is not been established at this time. Therefore the request is non-certified.