

Case Number:	CM13-0058414		
Date Assigned:	12/30/2013	Date of Injury:	10/16/2012
Decision Date:	07/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/31/2013

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 & 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:

This 40 year-old male Corrections Officer sustained an injury on 10/16/12 to his left elbow/wrist/finger when the key jammed in the door while employed by [REDACTED]. Request under consideration include post-op physical therapy, myofascial release, ems, infrared for left elbow #12. The patient is status post left elbow ulnar nerve release/translocation and neurolysis on 4/1/13, over 15 months ago. Report of 10/2/13 from the provider noted the patient with frequent chronic left elbow pain rated at 8-9/10 with associated 5th digit and posterior elbow numbness; neck pain radiating to left upper extremity. Exam showed mild loss of elbow flexion; tenderness on palpation of left mediolateral elbow and forearm; positive elbow neurocompressive signs; bilateral diffuse C5-T1 weakness; normal DTRs; and left C7 hypoesthesia. Diagnoses included post-surgical status; medial epicondylitis; and lumbosacral sprain/strain. Treatment plan included PT to left elbow x 12. Report of 10/14/13 noted unchanged range of motion of left elbow with varying grip strength and fairly symmetrical triceps strength. Upper extremity functional index scored at 46% with moderate difficulty in ADL. The request for post-op physical therapy, myofascial release, EMS, infrared for left elbow #12 was partially-certified for quantity of 6 visits on 10/29/13 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:

POST-OP PHYSICAL THERAPY, MYOFASCIAL RELEASE, EMS, INFRARED FOR LEFT ELBOW #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 31-32, Chronic Pain Treatment Guidelines Lateral Epicondylitis - Physical Methods Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines, Elbow & Upper Arm Page(s): 6-7.

Decision rationale: The patient's left elbow surgery was over 15 months prior, beyond the post-surgical rehabilitation period of 6 months with recommendations for 20 PT visits over a 3 month period. Chronic symptoms persistent with unchanged clinical findings of diffuse tenderness and weakness throughout C5-T1. Current diagnoses include medial epicondylitis. Request was modified for 6 visits to transition to an independent HEP. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. It appears the patient has received PT visits, exceeding the recommended post-surgical quantity and physical medicine treatment duration post 6 months from surgery above. The additional modified 6 visits should solidify the home program instructions in stretching and strengthening techniques already accomplished previously in formal PT. There is no report of acute flare-up or new injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy without clear functional improvement from treatment already rendered. The Post-Op Physical Therapy, Myofascial Release, EMS, Infrared For Left Elbow #12 is not medically necessary and appropriate.