

Case Number:	CM13-0066621		
Date Assigned:	01/03/2014	Date of Injury:	05/20/2008
Decision Date:	04/11/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 patient is a 48-year-old male who sustained an industrial related injury on 5/20/2008. The patient had undergone right elbow lateral release in 2009, and is most recently status post hardware removal performed on 10/23/2013. He has undergone post-operative therapy. PR-2 dated 11/7/13 documented the patient to have neck pain rated 7/10 radiating into bilateral upper extremities, right shoulder pain 5/10, left shoulder pain 7/10, left elbow pain 7/10 and right elbow pain improved with medication but still felt weak. Exam did not include range of motion test for the neck and upper extremities or objective findings of right upper extremity. It does include positive left cervical compression test, positive left Romberg's test, positive left Adson's test, positive left shoulder apprehension test/ Neer's sign/ Hawkin's sign, positive Tinel's test in left elbow and left wrist, decreased sensation in left C5-6 dermatome. Diagnoses include 1. Status post hardware removal of right elbow. 2. Thoracic outlet syndrome, left. Treatment plan is to request authorization for physical therapy for the right upper extremity. PR-2 dated 12/12/13 documented the patient to have neck pain rated 7/10 radiating into bilateral upper extremities, right elbow pain 6/10, right wrist pain 4/10, bilateral shoulder pain 7/10. Exam did not include range of motion test for the neck and upper extremities or objective findings of right upper extremity. It does include positive cervical compression test, positive Jackson's test, positive left shoulder apprehension test/ Hawkin's sign, positive Cozen's test and Tinel's test in left elbow, and positive Tinel's test in left wrist, decreased sensation in C5-6 dermatome. Diagnoses include 1. Cervical IVD (Intervertebral Disk Disease) displacement without myelopathy. 2. Thoracic outlet syndrome, left. 3. Status Post arthroscopic repair, left elbow with subsequent surgical removal of hardware with good results. Treatment plan is to request authorization for a neurosurgical follow-up for the cervical spine with [REDACTED]. Patient is to be scheduled for approved physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS TWO TIMES A WEEK FOR FOUR WEEKS TO THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

Decision rationale: The CA MTUS guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The referenced guidelines state that a contingent on objective improvement documented (i.e. Visual Analog Scale improvement of greater than 4), further trial visits with fading frequency up to 6 contingent on further objectification of long term resolution of symptoms, plus active self-directed home Physical Therapy. According to the medical records, the patient had undergone right elbow lateral release in 2009, and is most recently status post hardware removal performed on 10/23/2013. He has undergone post-operative therapy; however the medical records do not document physical therapy progress reports. The patient indicates right elbow pain has decreased from 7/10 on 11/7/13 examination to 6/10 on 12/12/13 examination, however, the PR-2s do not demonstrate range of motion findings of the right upper extremity, or other pertinent findings as to indicate the patient's progress with rendered therapy. The 12/12/13 treatment plan included that the patient would be scheduled for the approved physical therapy. The patient's response to this treatment plan has not been established. It is not adequately substantiated that the patient has obtained clinically significant improvement as result of supervised physical therapy. Additionally, the medical records do not establish significant functional deficits are present as to warrant consideration for additional supervised therapy. At this juncture, the patient should be well-versed in an independently of clinical exercise program, which to utilize on a routine basis to maintain improvement levels. Independence and the importance of an on-going exercise regime should be emphasized. Therefore, the decision of physical therapy sessions two times a week for four weeks to the right upper extremity is not medically necessary and appropriate.