

Case Number:	CM13-0068528		
Date Assigned:	01/03/2014	Date of Injury:	06/05/2013
Decision Date:	08/11/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/19/2013

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 38 year old male who reported an injury on 06/05/2013. The mechanism of injury was a motor vehicle accident. The injured worker's prior treatments were noted to be splinting, ice, rest, NSAIDs, 12 physical therapy visits, cortisone injections, trigger point injections, and transcutaneous electrical nerve stimulation. The injured worker's diagnoses were noted to be left upper extremity radial nerve neuropathy, left lateral epicondylitis, and myofascial pain. The injured worker had an evaluation on 06/06/2014. It was noted that the injured worker described trigger point injections as improving his condition. The injured worker described pain medication, braces/casts, TENS unit, and massage as having no change in his condition. In addition, he described physical therapy as having worsened his condition. The injured worker described his pain as a 7 on a 10-point scale where 0 represents no pain and 10 represents the worst pain imaginable. The quality of pain was described as aching, throbbing, shooting, sharp, and numbing. The physical examination noted minimal tenderness to palpation of the cervical spine and minimal tenderness to palpation of the trapezius muscles bilaterally. Examination of the injured worker's left elbow revealed tenderness at the left lateral epicondyle and down the radial aspect of his forearm. There were no lesions, rashes, or erythema noted. It was noted that cervical range of motion was normal, shoulder range of motion within normal limits, elbow range of motion bilaterally within normal limits, and wrist range of motion bilaterally within normal limits. It was noted the right upper extremity sensory examination was within normal limits. The left upper extremity sensory examination had decreased sensation in the left C6, C7, and C8 distributions. The right upper extremity strength was 5/5 in all distributions, on the left it was 4/5 with grip in flexion and extension of the arm. Deep tendon reflexes were 1+ and symmetric at the biceps and brachial radialis. Finally, it was noted in the assessment that the injured worker has had an MRI and various therapies and is waiting on an approval for surgery.

The provider's rationale for the request of postoperative physical therapy was not provided within the documentation. A request for authorization for medical treatment was also not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS, FOR THE LEFT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker is noted to be waiting for surgery. Within the documentation provided, a request for surgery was located; however, an approval for surgery was not obtained. There is no indication in the most recent clinical note that surgery has been scheduled. A postoperative physical therapy approval would not be necessary until surgery has occurred or at least been approved. Therefore, the request for postoperative physical therapy 2 times a week for 6 weeks for the left elbow is not medically necessary and appropriate.