

Case Number:	CM14-0002996		
Date Assigned:	01/29/2014	Date of Injury:	06/17/2005
Decision Date:	06/19/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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 59 year old male who reported an injury on 04/26/2001, due to an unknown mechanism. The clinical note dated 11/13/2013 presented the injured worker with persistent left forearm and left elbow pain. An Electromyography (EMG) dated 09/29/2011 revealed mild compression of the left ulnar nerve at the elbow segment, he is status post a left tardy ulnar nerve release which was done on 01/28/2011. The injured workers physical exam revealed tenderness to the left elbow joint and dysesthesia to light touch in the left ulnar nerve distribution. The injured worker was diagnosed with left ulnar neuropathy, left elbow strain/sprain, rule out left elbow ligament injury, left lumbar radiculopathy, left sacroiliitis, chronic low back pain, and status post release of left tardy ulnar nerve. The provider recommended 6-8 additional physical therapy sessions for the left elbow. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OUTPATIENT PHYSICAL THERAPY, SIX TO EIGHT SESSIONS, FOR THE LEFT ELBOW.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY (PT),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for 6-8 additional physical therapy sessions for the left elbow is non-certified. The California MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. There was a lack of documentation indicating the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. The goal of the physical therapy treatment was unclear. The guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed for the left elbow is unclear. Therefore, the request is not medically necessary and appropriate.