

Case Number:	CM14-0006673		
Date Assigned:	03/03/2014	Date of Injury:	12/06/2012
Decision Date:	06/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 industrial related injury regarding his low back, elbow, and brachial plexus from an injury that took place on 12/06/12. The mechanism of injury is reported as slip and fall. The previous utilization review dated 01/02/14 resulted in a denial for six additional physical therapy sessions as no information had been submitted regarding the injured worker's response to the previous physical therapy. The clinical note dated 01/08/14 indicates the injured worker complained of elbow, thoracic, and lumbar pain as well as a brachial plexus disorder. The note indicates the injured worker demonstrating joint stiffness at the left shoulder, left elbow, wrist, as well as tenderness at the left shoulder, elbow, and wrist. Pain scale noted as 5-10/10. Radiating pain was identified from the lumbar region. There is an indication the injured worker had undergone a CT scan of the left elbow on 10/03/13 which revealed severe narrowing of the left radial capitellar joint with associated subcortical cysts at the radial head. The CT scan of the left elbow dated 12/02/13 revealed osteoarthritis at the left elbow. The clinical note dated 11/14/13 indicates the injured worker presenting with complaints of low back and left shoulder pain. The injured worker rated the pain as 7-8/10. Loss of range of motion was identified at the biceps. The agreed medical evaluation dated 11/07/13 indicates a total of 12 physical therapy sessions were completed, addressing the left upper extremity complaints. The injured worker was able to demonstrate 90 degrees of left elbow flexion, 180 degrees of extension, 50 degrees of supination, and 85 degrees of pronation. 5-/5 strength was identified with elbow extension as well as the hand intrinsics. The electrodiagnostic studies completed on 01/15/14 revealed evidence of a left ulnar neuropathy specifically at the elbow. The clinical note dated 02/07/14 indicates the injured continuing with significant complaints of pain at the left elbow with associated loss of motion. Range of motion deficits were identified throughout the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EVALUATION (6 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Elbow Chapter, Physical Therapy.

Decision rationale: The documentation indicates the injured worker complaining of left upper extremity pain specifically at the left elbow. The clinical notes indicate the injured worker having previously undergone a total of 12 physical therapy sessions addressing these complaints. Additional physical therapy would be indicated provided the injured worker meets specific criteria to include objective functional improvements through the initial course of treatment. No information was submitted regarding the injured worker's range of motion, strength, or endurance benefits following the previously rendered physical therapy. Therefore, it is unclear if the injured worker has demonstrated any objective improvements through the previously rendered treatment. Given these findings, this request is not indicated.