

Case Number:	CM14-0016475		
Date Assigned:	04/11/2014	Date of Injury:	10/08/2013
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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:

This is a 52 year old female who sustained a work-related injury to her left elbow on 06/01/2013. The treatment history includes physical therapy 8 sessions of physical therapy to lower back and unknown sessions of physical therapy to left elbow. Medications include Norco and Soma. MRI of the left elbow dated 01/08/2014 showed small joint effusion. Otherwise unremarkable MRI of the left elbow. A progress report 02/24/2014 indicates physical examination showed tenderness over the left elbow with painful ROM as 120 degrees flexion, 0 degrees extension, 75 degrees of pronation and supination. Positive Cozen's test and positive Lateral epicondylar test with motor strength graded as +4/5 with elbow flexors. The diagnosis was left elbow sprain/strain with pain traveling into her digit. A progress report dated 03/19/2014 indicates complaints of left elbow pain with 135 degrees flexion and now has -25 extension and is reported to be unable to straighten her left arm. Physical exam showed positive Finkelstein test on right with locking/trigging of thumb. Snuffbox is tenderness to palpation along with base of thumb. Tinel tap, flick sign and Durkan test on the left. The patient cannot perform Phalen due to left wrist stiffness and loss of mobility. Medications were prescribed, elbow brace, and continued physical therapy sessions were recommended to the lower back and left elbow. The medical report noted Final Determination Letter for IMR Case Number [REDACTED] that 8 sessions of physical therapy was completed for the lower back. Recommended additional physical therapy to the left elbow was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OUTPATIENT PHYSICAL THERAPY (PT) 8 SESSIONS FOR THE LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine 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. The guidelines recommend 9-10 visits for myalgia and myositis and 8-10 visits for neuralgia, neuritis, and radiculitis. Guidelines further indicate fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, this patient continues to report left elbow pain and stiffness. The MRI of left elbow showed small joint effusion but otherwise unremarkable. The diagnosis was left elbow sprain/strain. The most recent physical exam on 03/19/14 indicates the left elbow flexion was 135 degrees flexion, extension - 25 and was unable to straighten her left arm. There is documentation that 8 sessions of physical therapy was completed for the lower back, however did not indicate how many sessions were performed for the left elbow. The records indicate that the patient reported left elbow pain as 9/10 on a VAS scale. There is evidence of worsening of left elbow extension from 0° (02/24/2014) to - 25° (03/19/2014). Since there is no evidence of objective functional improvement despite prior trial of physical therapy program, the request for additional outpatient physical therapy (PT) 8 sessions for the left elbow does not meet guideline criteria. The medical necessity is not established.