

Case Number:	CM14-0017202		
Date Assigned:	04/14/2014	Date of Injury:	01/26/2012
Decision Date:	06/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

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 Internal Medicine and is licensed to practice in New York. 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 22 year old woman with a date of injury of 1/26/12. She underwent a right elbow medial epicondylectomy and ulnar nerve release on 11/18/13. She completed physical therapy post-surgery for 12 visits. At issue is an additional 12 visits of physical therapy for her right elbow. Per the primary treating physician report of 2/6/14 she had ongoing pain in her right elbow, left elbow, right shoulder and right neck. She was tender over the medial epicondyle with range of motion 5/150 degrees. (The note is handwritten and very difficult to read). Additional physical therapy and norco were requested. The physical therapy visits are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT ELBOW:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical

Medicine. In the case of this injured worker, physical therapy has already been used for over two months as a modality and a self-directed home exercise program should be in place. The records do not support the medical necessity for an additional 12 physical therapy visits in this individual with chronic pain and recent elbow surgery.