

Case Number:	CM14-0120892		
Date Assigned:	09/18/2014	Date of Injury:	07/22/2013
Decision Date:	11/28/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/31/2014

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 & 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:

According to the records made available for review, this is a 36-year-old male with a 7/22/13 date of injury, and right radial tunnel release and lateral epicondyle release on 4/7/14. At the time (6/11/14) of request for authorization for Additional Physical Therapy Treatment to the Right Elbow for 4 Sessions, there is documentation of subjective (right elbow pain) and objective (tenderness to palpitation over the right dorsal forearm, pain with right wrist extension against resistance) findings, current diagnoses (status post right radial tunnel compression), and treatment to date (12 sessions of post op physical therapy and medications). Medical records identify that the recent physical therapy treatments to the right upper extremity facilitated improve tolerance to variety of activity and improved strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TREATMENT TO THE RIGHT ELBOW FOR 4 SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow,

Physical Therapy (PT), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 20 visits of post-operative physical therapy over 10 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnosis of status post right radial tunnel compression. In addition, there is documentation of at least 12 previous physical therapy treatments. Furthermore, given documentation that recent physical therapy to the right upper extremity facilitated improve tolerance to variety of activity and improved strength, there is documentation of functional benefit and improvement as an increase in activity tolerance as result of physical therapy treatments provided to date. Therefore, based on guidelines and a review of the evidence, the request for Additional Physical Therapy Treatment to the Right Elbow for 4 Sessions is medically necessary.