

<b>Case Number:</b>	CM14-0021287		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	01/03/2006
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Orthopedic Surgery 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 patient is a 49-year-old male who has submitted a claim for ulnar nerve lesion and carpal tunnel syndrome, associated with an industrial injury date of January 03, 2006. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in his right wrist, right index finger and left elbow accompanied by weakness, and neck stiffness. Physical examination revealed tenderness of the left elbow, right hand weakness and muscle atrophy of the right hand. Treatment to date has included medications, epidural steroid injections and 8 sessions of physical therapy. Utilization review from February 12, 2014 denied the request for 8 physical therapy visits for the left elbow because the patient has completed 8 sessions of physical therapy however, submitted medical report revealed limited evidence of objective and functional improvement from the completed sessions. In addition, the patient's deficits are limited to pain and tenderness, which can be addressed with a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY, 8 VISITS LEFT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Physical Therapy.

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 14 visits over 6 weeks for ulnar nerve entrapment/cubital tunnel syndrome. In this case, as cited from the UR done on 2/12/14, the patient already had 8 sessions of PT for his left elbow. The request is for an additional 8 visits, which would exceed guideline recommendations. Guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The review of medical records also did not reveal significant objective functional improvement or ROM improvement after several sessions of physical therapy. Therefore, the request for Physical Therapy, 8 Visits Left Elbow is not medically necessary.