

Case Number:	CM14-0024059		
Date Assigned:	05/12/2014	Date of Injury:	04/11/2012
Decision Date:	10/09/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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 Nevada. 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 employee is a 33-year-old female who states that she sustained a work-related injury to her left elbow on April 11, 2012. A note dated March 7, 2014, states that the injured employee complains of pain at the ulnar groove of the left elbow and complains that she has constant pain and sometimes drops items. There were complaints of pain in the thenar region and hypersensitivity to touch in the ulnar groove. The physical examination on this date noted pain at the end ranges of motion and symptoms within and upper limb tension test. Manual therapy of soft tissue mobilization was recommended or two visits per week for six weeks. A previous independent medical review dated February 19, 2014, recommended physical therapy for the elbow for eight visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Elbow 3 times per week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments.

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

Decision rationale: The injured employee has symptoms of ulnar nerve entrapment contributing to cubital tunnel syndrome. California MTUS chronic pain medical treatment guidelines do not address this request. The Official Disability Guidelines recommends physical therapy for all nerve entrapments and cubital tunnel syndrome of the elbow 14 visits over six weeks' time. However if no improvement is noted after 2 to 3 weeks this treatment should be reevaluated. The previous independent medical review has only addressed physical therapy for sprains and strains of the elbow rather than specific therapy for the symptoms of cubital, syndrome the injured employee displays. This request for physical therapy for the elbow for three times a week for four weeks is medically necessary.