

Case Number:	CM14-0030222		
Date Assigned:	06/20/2014	Date of Injury:	01/11/2013
Decision Date:	07/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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:

The patient is a 36 year old male who was injured on 01/11/2013 due to repetitive heavy lifting. The patient underwent a right ulnar decompression and release of Guyon's canal on 07/22/2013. He did have postoperative physical therapy which helped some but still has decreased range of motion. Doctor's first report dated 02/10/2014 reports the patient complained of right elbow pain, right forearm pain, and right hand pain. Objective findings on exam revealed pain over the right lateral epicondyle, right elbow forward flexion to 140; dorsiflexion to 50; volar flexion to 45; ulnar deviation to 15; and radial deviation 2. He has positive elbow flexion test, positive preacher test; positive Tinel's over cubital Finkelstein. There is residual Tinel's over Guyon's canal. Diagnoses are status post cubital tunnel release of the right elbow, status post Guyon's canal release right wrist; and moderate to severe lateral epicondylitis right elbow. The treatment and plan included a request for right compression straps, right forearm; physical therapy to treat the right elbow 3 times a week for 4 weeks; MRI of the right elbow; and Naproxen. Prior utilization review dated 02/26/2014 states the request for 12 physical therapy sessions for the right elbow is partially certified and has been modified to 6 physical therapy sessions for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): pages 98-99, Postsurgical Treatment Guidelines Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Physical Therapy.

Decision rationale: As per CA MTUS 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. This patient is diagnosed with status post cubital tunnel release of the right elbow, status post Guyon's canal release right wrist; and moderate to severe lateral epicondylitis right elbow. The postsurgical guidelines allow 20 visits of physical therapy and ODG allow 14 visits of physical therapy postop cubital tunnel release. This patient has had previously been treated with postoperative physical therapy; however, it is unclear the number of sessions completed so far. Thus, the request for 12 sessions of physical therapy is not medically necessary.