

Case Number:	CM14-0031547		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2012
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/12/2014

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 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:

This 47 year-old female clinical nurse sustained an injury on 2/15/12 while employed by [REDACTED]. Request under consideration include 6 Additional visit of physical therapy for the left elbow. Diagnoses include Left Carpal tunnel syndrome and left possible mild lateral epicondylitis/elbow inflammation. Conservative care has included 24 authorized physical therapy sessions. Report of 2/4/14 from the provider noted the patient with left elbow pain improved with physical therapy. An exam showed left elbow with slight tenderness, decreased sensation at forearm. The patient remained off work. The treatment was for additional therapy to elbow. The request for 6 Additional visit of physical therapy for the left elbow was non-certified on 2/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional visit of physical therapy for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine, page(s) 99 Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99 Page(s): 98-99.

Decision rationale: This 47 year-old female clinical nurse sustained an injury on 2/15/12 while employed by [REDACTED]. Request under consideration include 6 Additional visit of physical therapy for the left elbow. Diagnoses include Left Carpal tunnel syndrome and left possible mild lateral epicondylitis/elbow inflammation. Conservative care has included 24 authorized physical therapy sessions. Report of 2/4/14 from the provider noted the patient with left elbow pain improved with PT. Exam showed left elbow with slight tenderness, decreased sensation at forearm. The patient remained off work. Treatment was for additional therapy to elbow. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The patient has received at least 24 physical therapy visits without functional benefit. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of physical therapy without clear specific functional improvement in activities of daily living, work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The 6 Additional visit of physical therapy for the left elbow is not medically necessary.