

<b>Case Number:</b>	CM14-0040896		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 64-year-old male with a 2/1/10 date of injury, and status post right elbow cubital tunnel release with anterior subcutaneous ulnar nerve transposition 10/25/13 and status post lumbar spine fusion. At the time (3/11/14) of request for authorization for Physical Therapy 2x6 for the right Elbow and Chiro 2x6 for the Cervical and Lumbar Spine, there is documentation of subjective (right elbow pain, continued symptoms in lumbar and cervical spine, and difficulty with sitting, standing, and walking for prolonged periods of time) and objective (well healed surgical incision of right elbow, full elbow range of motion, and manual muscle testing of 4-/5 in all planes, and cervical and lumbar paraspinal muscle tenderness with painful range of motion) findings, current diagnoses (cubital tunnel syndrome, right elbow and status post right elbow cubital tunnel release with anterior subcutaneous ulnar nerve transposition), and treatment to date (chiropractic treatment (unknown amount with relief of symptoms) and physical therapy (unknown amount with slow and steady progress)). Regarding Physical Therapy 2x6 for the right Elbow, there is no documentation of the number of previous physical therapy treatments and, 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 as a result of physical therapy provided to date. Regarding Chiro 2x6 for the Cervical and Lumbar Spine, there is no documentation of the number of previous chiropractic treatments and functional benefit or improvement as a reduction in work restrictions and/or an increase in activity tolerance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 for the right Elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG TWC Elbow Procedure Summary (last updated 02/14/14).

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. 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 recommends a limited course of physical therapy for patients with a diagnosis of postsurgical cubital tunnel syndrome not to exceed 20 visits over 10 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and 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 diagnoses of cubital tunnel syndrome, right elbow and status post right elbow cubital tunnel release with anterior subcutaneous ulnar nerve transposition. In addition, there is documentation of previous physical therapy. However, there is no documentation of the number of previous physical therapy treatments and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, despite documentation that patient is making slow and steady progress with physical therapy, there is no documentation 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 as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy 2x6 for the right Elbow is not medically necessary.

**Chiro 2x6 for the Cervical and Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, as criteria necessary to support the medical necessity of additional chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of cubital tunnel syndrome, right elbow and status post right elbow cubital tunnel release with anterior subcutaneous ulnar nerve transposition. In addition, there is documentation of previous chiropractic therapy. However, there is no documentation of the number of previous chiropractic treatments and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, despite documentation of relief of symptoms with previous chiropractic treatment, there is no documentation of functional benefit or improvement as a reduction in work restrictions and/or an increase in activity tolerance. Therefore, based on guidelines and a review of the evidence, the request for Chiro 2x6 for the Cervical and Lumbar Spine is not medically necessary.