

Case Number:	CM14-0045288		
Date Assigned:	06/27/2014	Date of Injury:	10/25/2013
Decision Date:	08/11/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Practice and is licensed to practice in North Carolina. 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 61-year-old with a reported date of injury of 10/25/13. The patient has the diagnoses of disc bulge at C6-6 and C6-7, left sided radiculopathy and extensor tendon tear of the right elbow. Progress reports by the primary treating physician dated 02/19/2014 indicates the patient has a painful condition about the right elbow and neck with radiation of the pain into the left upper extremity. Physical exam showed left sided cervical spine tenderness and spasm, spasm in the left trapezius muscle, decreased range of motion in the cervical spine and right lateral epicondyle tenderness to palpation. Previous MRI had confirmed disc bulge at C5-6 and C6-7 as well as a partial tear to the extensor tendon of the right elbow. The treatment plan consisted of a planned surgical repair of the right extensor tendon tear followed by physical therapy to address the neck and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy Visits of the Cervical Spine three times a week for 4 weeks.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS acoempracguides.org, Cervical and Thoracic Spine Disorders. Acute Cervicothoracic Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 174, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The ACOEM chapter on neck complaints recommends 1-2 physical therapy sessions for evaluation of home exercise program as well as education and counseling. The chapter on elbow complaint and lateral epicondylitis does not recommend physical manipulation of the elbow by a physical therapist as a treatment option. The California MTUS section on physical medicine states that passive therapy can provide short-term relief during the early phases of pain treatment. The recommendation for radiculitis is for 8-10 visits over 4 weeks. The patient has already completed some initial physical therapy. The request for physical therapy is in excess of the recommendations and thus is not medically necessary.