

<b>Case Number:</b>	CM14-0065345		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 & Rehab, 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 injured worker sustained a cumulative trauma injury on 9/24/10. Request(s) under consideration include Physical therapy 3 times a week for 4 weeks to left elbow, Functional capacity evaluation, and Acupuncture two times a week for six weeks to left elbow. Diagnoses list Left Elbow Injury/sprain/strains. The patient is s/p left cubital tunnel release on 11/14/11 with post-operative therapy. Report of 3/30/14 from the provider noted the patient with chronic complaints of pain in the left elbow with tightness in the left forearm muscles associated with numbness, tingling, and weakness of forearm, left hand and left little and ring digits. Pain is rated at 3/10. Exam showed unsteady, broad-based gait; right shoulder higher; tenderness along right paracervical spine; decreased ulnar nerve distribution in left hand; elbow with 10-cm longitudinal scar on medial aspect; decreased range of motion with flex/pronation/supination of 139/78/51 degrees respectively; mild atrophy of hand intrinsics. X-rays of 3/21/14 showed no evidence of acute fracture or significant abnormality. Diagnoses include Left elbow strain rule out ulnar canal versus C7-8 radiculopathy with weakness left hand and intrinsic muscle atrophy s/p left cubital tunnel release on 11/14/11.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks to left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

**Decision rationale:** Submitted reports have no clinical evidence of 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 Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has no specific physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request of 12 PT sessions, beyond guidelines criteria. The Physical therapy 3 times a week for 4 weeks to left elbow is not medically necessary and appropriate.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

**Decision rationale:** It appears the patient has just sought medical attention and has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.

**Acupuncture two times a week for six weeks to left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, pages 8-9 Page(s): 8-9.

**Decision rationale:** MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement not demonstrated here. Review indicated the patient has been recently certified for at least 6 sessions of acupuncture; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture two times a week for six weeks to left elbow is not medically necessary and appropriate.