

<b>Case Number:</b>	CM14-0003584		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	09/09/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 is a 44 year old female, who sustained an industrial injury on 09/09/2009. She has reported subsequent left elbow pain and was diagnosed with ulnar nerve lesion. Treatment to date has included oral pain medication, physical therapy, a home exercise program and surgery. In a progress note dated 12/02/2013, the injured worker complained of ongoing pain in the left elbow and hand with weakness. Objective findings were notable for decreased strength of the left elbow. The physician noted that the injured worker would benefit from further treatments to increase forearm and elbow strength to 5/5 to be able to perform activities of daily living for a longer duration of time and a request for authorization of 12 additional physical therapy visits of the left elbow was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Additional Post-Operative Physical Therapy Visits for the Left Elbow (2 times a week for 6 weeks as an outpatient): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states: 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); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. ODG further quantifies physical therapy for the elbow with: ODG Physical Therapy Guidelines General: Up to 3 visits contingent on objective improvement documented (i.e., VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long term resolution of symptoms, plus active self-directed home PT. Also, see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Sprains and strains of elbow and forearm (ICD9 841): Medical treatment: 9 visits over 8 weeks; Post-surgical treatment/ligament repair: 24 visits over 16 weeks; Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: 8 visits over 5 weeks; Post-surgical treatment: 12 visits over 12 weeks; Medial epicondylitis/Golfers' elbow (ICD9 726.31): Medical treatment: 8 visits over 5 weeks; Post-surgical treatment: 12 visits over 12 weeks; Enthesopathy of elbow region (ICD9 726.3): Medical treatment: 8 visits over 5 weeks; Post-surgical treatment: 12 visits over 12 weeks; Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Medical treatment: 14 visits over 6 weeks; Post-surgical treatment: 20 visits over 10 weeks; Olecranon bursitis (ICD9 726.33): Medical treatment: 8 visits over 4 weeks; Dislocation of elbow (ICD9 832): Stable dislocation: 6 visits over 2 weeks; Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks; Fracture of radius/ulna (ICD9 813): Post-surgical treatment: 16 visits over 8 weeks; Fracture of humerus (ICD9 812): Medical treatment: 18 visits over 12 weeks; Post-surgical treatment: 24 visits over 14 weeks; Ill-defined fractures of upper limb (ICD9 818): 8 visits over 10 weeks; Arthropathy, unspecified (ICD9 716.9): Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks; Rupture of biceps tendon (ICD9 727.62): Post-surgical treatment: 24 visits over 16 weeks. The patient is five years post-injury and has already received a course of physical therapy. The treating physician does not document a new injury or explain the extenuating circumstances to allow for an exception to guidelines. As such, the request for 12 additional post-operative physical therapy visits for the left elbow, 2 times a week for 6 weeks as an outpatient is not medically necessary.