

Case Number:	CM14-0175219		
Date Assigned:	10/28/2014	Date of Injury:	05/19/2013
Decision Date:	01/30/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/23/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 55-year old male who sustained an industrial injury on 07/08/11. He was being treated for cervical radiculopathy, bilateral elbow lateral epicondylitis and cervical spine strain. EMG/NCV on 10/22/12 showed evidence of bilateral carpal tunnel syndrome and acute bilateral C5, C6 and C7 radiculopathy. A repeat EMG/NCV on 02/12/14 showed mild left ulnar motor neuropathy at the elbow. MRI of bilateral elbows were normal in February 3, 2014. His prior treatment has included physical therapy (9 sessions to right elbow and 5 sessions to left elbow until January 2014) which was not helpful, three injections to right elbow, The visit note from 03/07/14 reports that the employee had four visits of physical therapy authorized. The clinical note from 09/05/14 was reviewed. Subjective complaints included intermittent, moderate pain in neck with radiation to both arms and hands. He also had pain in his elbows. Objective findings included increased tone and tenderness to palpation of left greater than right trapezius musculature. There was decreased sensation in the left C7 dermatome. There was a mildly positive cervical distraction test. There were muscle spasms noted and a mildly positive Spurling's test on the left. There was restricted range of motion due to complaints of discomfort and pain. Examination of the bilateral elbow revealed tenderness to palpation at the lateral epicondyle bilaterally. There was restricted range of motion due to complaints of discomfort and pain. There was a negative Tennis elbow test. Grip strength was 4/5 bilaterally. Pain was reproduced with wrist extension. Pertinent diagnoses included cervical spine strain with radicular symptoms, MRI evidence of multilevel discopathy, worst at C5-6 with severe left foraminal stenosis and bilateral elbow lateral epicondylitis. The medications included Omeprazole 20mg, Tramadol 50mg and Ketoprofen 75mg. The request was for physical therapy including massage six visits for bilateral elbows and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Physical Therapy post injection treatment

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

Decision rationale: The Chronic Pain Medical Treatment guideline recommends up to 8-10 visits of physical therapy over 4 weeks for neuralgia, neuritis and radiculitis. Review of records available showed that the employee had at least 9 physical therapy visits for the right elbow and 5 sessions of therapy for left elbow. There is also a note that he had authorization for four visits of therapy in March 2014. There is no documentation of any recent physical therapy for cervical spine. The employee had ongoing radicular symptoms and signs. In addition, he had muscle spasms and positive Spurling's test on the left. Since the employee had only four physical therapy visit authorization per note in March 2014, the 6 additional visits for physical therapy (making it a total of 10 visits) is medically necessary and appropriate.