

<b>Case Number:</b>	CM15-0181960		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	11/07/2008
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male with an industrial injury dated 11-07-2008. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder periscapular pain. Medical records (04-22-2015 to 07-20-2015) indicate pain and tenderness over the left arm area. According to the progress report dated 04-22-2015, the injured worker reported that he was doing well one year status post left ulnar nerve decompression and anterior transposition until recently. The injured worker felt a twinge and movement around the actual medial aspect of the elbow and was concerned. The injured worker denied numbness and tingling and only had pain when he lifts heavy objects with his arms fully extended. Physical exam (4-22-2015) revealed minor scar tissue, otherwise doing well, minimal signs of Tinel and normal sensory with full strength. In a progress report dated 06-26-2015, the injured worker reported left shoulder pain consisting of pain on the medial border of the scapula and general discomfort as previous. Physical exam (6-26-2015) revealed forward flexion to 170, tenderness over his acromioclavicular joint (AC) joint and normal strength to internal and external rotation. According to the progress note dated 07-20-2015, objective findings revealed well-healed incision with some minor scar tissue around the nerve, good elbow range of motion, full muscle strength, positive cubital tunnel Tinel's on the right. Documentation also noted that the elbow remains neurovascularly intact throughout. The injured worker reported that the cubital tunnel release was doing well. Treatment to date has included diagnostic studies, status post left ulnar nerve decompression and anterior transposition, at least 6 physical therapy treatments from 5-13-2015 to 6-03-2015 and periodic follow up visits. The treatment plan included return to

activities as tolerated with some possible therapy to help with scar tissue massage and nerve gliding techniques. The injured worker is currently working. The treating physician prescribed services for physical therapy 3 times a week for 6 weeks (18 sessions) for the left elbow and wrist. The utilization review dated 08-20-2015, modified the request for 4 more visits of physical therapy to transition injured worker to a home program (original: 3 times a week for 6 weeks (18 sessions) for the left elbow and wrist).

### **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 6 weeks (18 sessions) for the left elbow/wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

**Decision rationale:** The claimant sustained a work injury in November 2008 and is being treated for left upper extremity pain. In April 2015 he was status post ulnar nerve transposition done in May 2014 and was referred for physical therapy. Through 06/03/15, six treatments were provided. When seen, he was having left arm pain and tenderness. He was not having numbness and tingling. He was noted to be working. Physical examination findings included a well-healed incision and good elbow range of motion. Tinel's testing at the elbow was positive. An additional 18 therapy treatments for scar tissue massage and nerve gliding was requested. After the surgery performed, guidelines recommend up to 20 visits over 3 months with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy including recent therapy treatments and the physical medicine treatment period has been exceeded. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program including providing the therapeutic content being requested. The request is not medically necessary.