

Case Number:	CM15-0182910		
Date Assigned:	09/23/2015	Date of Injury:	04/10/2012
Decision Date:	10/28/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male with a date of injury on 04-10-2012. The injured worker is undergoing treatment for chronic right olecranon bursitis, cubital tunnel syndrome, ulnar neuropathy by Electromyography, and chronic pain syndrome with both sleep and mood disorder. He is status post cerebrovascular accident in April of 2015 with some right-sided residuals that are slowly resolving, and hypertension. A physician progress note dated 08-04-2015 documents the injured worker complains of right upper extremity pain, essentially from the forearm, around the elbow but extending up to the right shoulder girdle. His pain is constant and sharp, and he has numbness in the ulnar nerve distribution. He rates his pain as 6 out of 10. He has limited range of motion, tenderness over the olecranon bursa, and hypesthesia in the right ulnar nerve distribution. He has multiple trigger points in the trapezius and periscapular muscle on the right. Surgical intervention was previously recommended but the injured worker did not want to move forward with surgery and is looking forward to a non-surgical plan. Treatment to date has included diagnostic studies, medications, activity modification, use of an elbow brace, and unknown amount of physical therapy visits. He is currently working with restrictions. Current medications include Vicodin, Nabumetone, Metoprolol Succinate ER, Lisinopril, and Hydralazine. An Electromyography and Nerve Conduction Velocity done on 05-29-2012 showed right ulnar neuropathy consistent with cubital tunnel syndrome. The treatment plan includes a re-consultation for an olecranon bursa injection, physical therapy, psychology evaluation and six sessions of treatment. The Request for Authorization dated 08-19-2015 is for physical therapy evaluation and treat x 6 sessions, and a psychology referral consult and treat x 6

sessions. On 08-27-2015 the Utilization Review non-certified the request for Physical therapy evaluation and treatment 6 sessions right elbow

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment 6 sessions right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. 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. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy evaluation and treatment 6 sessions right elbow is not medically necessary and appropriate.