

Case Number:	CM15-0183017		
Date Assigned:	09/23/2015	Date of Injury:	05/22/2014
Decision Date:	10/28/2015	UR Denial Date:	09/05/2015
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 36-year-old male, who sustained an industrial injury on 5-22-14. The injured worker is undergoing treatment for status post ulnar nerve release-medial epicondylectomy left elbow. Medical records dated 8-25-15 indicate the injured worker complains of left elbow weakness. The treating physician indicates, "He does not have the numbness that he used to have in the past." Physical exam dated 8-25-15 notes full strength of the left arm and is unchanged from 7-22-15. Treatment to date has included left ulnar nerve release and medial epicondylectomy (February 2015), physical therapy and medication. The original utilization review dated 9-4-15 indicates the request for 8 physical therapy visits for the left elbow, 2 times a week for 4 weeks is non-certified noting no improvement in the past month of physical therapy and he has completed 32 physical therapy treatments and should be capable of doing a home exercise program (HEP) at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the left elbow, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

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 has 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 visits of therapy with fading of treatment to an independent self-directed home program. The patient has completed at least 32 PT sessions; 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 8 physical therapy visits for the left elbow, 2 times a week for 4 weeks is not medically necessary and appropriate.