

Case Number:	CM15-0200822		
Date Assigned:	10/15/2015	Date of Injury:	10/27/2004
Decision Date:	11/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 63-year-old female who sustained an industrial injury on 10/27/04, relative to repetitive opening and closing of doors. She underwent C4/5 and C5/6 anterior cervical discectomy and fusion on 2/10/11. Past surgical history was also reported positive for left shoulder surgery on 11/23/05. The 7/6/12 bilateral upper extremity electrodiagnostic studies documented chronic right C5-8 radiculopathy, bilateral ulnar motor neuropathies at the elbows with chronic denervation on the left, and chronic left C5/6 radiculopathy. The 3/30/15 treating physician report indicated that the injured worker had electrodiagnostic findings of mild compression at the carpal tunnel which would explain the numbness and tingling in her fingers. The pain in the back of her arm was probably related to her neck. A carpal tunnel release was recommended but the injured worker did not want surgery at this time. The 9/16/15 orthopedic report cited left hand pain and numbness, and right elbow pain. She had been using a wrist brace for the past 2 months and was taking over-the-counter anti-inflammatory medications for pain. She had been modifying her activities to reduce the use of her left hand. Left wrist/hand exam documented pain, tingling, numbness, loss of grip strength, and a positive Tinel's. She had developed right tennis elbow by putting more demand on her right hand. She was offered a corticosteroid injection but declined. She wanted to try medications and physical therapy first. The diagnosis was left carpal tunnel syndrome and right tennis elbow. The treatment plan recommended a left carpal tunnel release. Authorization was also requested for 12 sessions of physical therapy for the right elbow. The 10/7/15 utilization review non-certified the request for 12 sessions of physical therapy for the right elbow as there was no appropriate medical evaluation to support treatment of the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The MTUS elbow guidelines state that it is reasonable to expect that if a particular treatment is going to benefit a particular patient, beneficial effects should be evident within 2-3 visits. Guidelines state that continuing with a treatment that has not resulted in objective improvement is not reasonable. Treatment that has not resulted in improvement after a couple of visits should either be modified substantially or discontinued. Guidelines generally support 5 to 6 visits for moderate problems and 8 to 12 visits for more severe conditions. Guidelines state that patients with mild symptoms may require either no therapy appointments or only a few appointments. Guideline criteria have not been met. There is no pain or functional assessment documented relative to the right elbow. The injured worker has been diagnosed with right tennis elbow. There is no specific functional deficit or functional treatment goal documented to support the medical necessity of physical therapy at this time. Additionally, this request exceeds guideline recommendations for an initial trial of physical therapy. Therefore, this request is not medically necessary.