

<b>Case Number:</b>	CM15-0202829		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 74 year old female who sustained an industrial injury on 04-28-2012. On 09-02-2014, the injured worker underwent ulnar nerve neurolysis anterior transposition, attempted open reduction internal fixation of olecranon and triceps advancement. According to a progress report dated 08-14-2015, the injured worker reported that her shoulder hurt all the time between "5 to 8" and that her elbow was painful. She pointed to her mid humerus and stated that it was painful. Acupuncture was very "helpful". She took Norco one to two a day, but she took three the day prior. She had pain "24 x 7". The provider noted that the injured worker was opioid tolerant and required narcotics. Physical examination demonstrated no redness, warmth or erythema. She was tender over her entire humerus. Motion was the "same". Radiographs were consistent with left shoulder arthroplasty with significant atopic bone around her implant and distal allograft with bone junction. The treatment plan included pain management and Norco. The provider noted that acupuncture was helpful, but that is was once again cut off. A physical therapy discharge report dated 02-09-2015 showed that the injured worker had 24 visits of therapy. The therapist noted that the injured worker exhibited good understanding and was independent in her home exercise program and in the instructions outlined in the skilled rehabilitation program. An authorization request dated 09-16-2015 was submitted for review. The requested services included acupuncture 12 sessions, physical therapy 12 sessions and pain management. The diagnoses listed included left elbow joint pain. On 09-22-2015, Utilization Review non-certified the request for additional physical therapy two times a week for six weeks to the left elbow.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy two times a week for six weeks to the left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

**Decision rationale:** The injured worker sustained a work related injury on 04-28-2012. On 09-02-2014, the injured worker underwent ulnar nerve neurolysis anterior transposition, attempted open reduction internal fixation of olecranon and triceps advancement. The medical records provided indicate the diagnosis of ulnar nerve neurolysis anterior transposition, attempted open reduction internal fixation of olecranon and triceps advancement. Treatments have included the postsurgical physical medicine. The medical records provided for review do not indicate a medical necessity for additional Physical Therapy two times a week for six weeks to the left elbow. The medical records indicate she is past the 12 months postsurgical physical medicine treatment period for any elbow condition (Post-amputation treatment: with complications and prosthesis has the longest postsurgical treatment period of 12 months); therefore, the appropriate guidelines to use in determining the case is the chronic pain physical medicine guideline. This guideline recommends a fading treatment of 8-10 visits over 4-8 weeks followed by home exercise program. The requested treatment is not medically necessary because it exceeds the number recommended by the guideline.