

Case Number:	CM15-0203975		
Date Assigned:	10/20/2015	Date of Injury:	05/12/2011
Decision Date:	12/02/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 46 year old female with a date of injury on 05-12-2011. The injured worker is undergoing treatment for cervical stenosis and radiculopathy, and double crush syndrome of the upper extremities. A physician progress note dated 09-23-2015 documents the injured worker has complaints of pain in the elbow region and lateral epicondyle that is worse with activity. The pain is moderate to severe and it waxes and wanes. On examination the right side has a positive Tinel's and pain at the lateral epicondyle that radiates in to the extensors. There is a positive flexed elbow test. She has a pinching of the nerve versus a small mobile MABC branch over the medial epicondyle which is painful and her and gives her paresthesias in the hand. Range of motion is intact. There is paresthesia in the ulnar nerve distribution. On the left side there is a positive flexed elbow test and positive Tinel's at the elbow. There is paresthesia in the 4th and 5th, and a well healed incision at the hand. She has stable range of motion. She is not working. Treatment to date has included diagnostic studies, medications, status post carpal tunnel release, and physical therapy. The Request for Authorization includes Pain Management Evaluation and Treatment, Physical Therapy to Elbow QTY: 12, right ulnar nerve ultra sound guided injection and left ultra sound guided injection. On 10-09-2015 Utilization Review modified the request for Pain Management Evaluation and Treatment QTY: 1 to an evaluation only. The request for Physical Therapy to Elbow QTY: 12 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation and Treatment QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127 regarding Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Pursuant to the ACOEM, pain management evaluation and treatment #1 is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are double crush syndrome of the upper extremity; and overuse syndrome with bilateral lateral epicondylitis. The date of injury is May 12, 2011. Request for authorization is October 5, 2015. The documentation indicates the injured worker has a history of double crush injury to the upper extremities, carpal tunnel release, bilateral epicondylitis and multiple shoulder surgeries. According to an orthopedic hand surgery progress note dated September 23, 2015, subjective complaints include pain in the elbow and lateral epi-condyle increased with activity. There is neck pain. Objectively, there is tenderness over the right and left epicondyles. Range of motion is intact. There is positive Tinel's bilaterally. The treating provider is requesting a pain management evaluation and additional physical therapy #12 sessions. Although a pain management evaluation is appropriate based on the continued symptoms and objective clinical findings, the treatment portion of the request is not clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, ongoing pain in the left elbow with bilateral epicondyle tenderness and a pain management evaluation without the treatment portion of the request (absent compelling clinical facts), pain management evaluation and treatment #1 is not medically necessary.

Physical Therapy to Elbow QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy elbow #12 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are double crush syndrome of the upper extremity; and overuse syndrome with bilateral lateral epicondylitis. The date of injury is May 12, 2011. Request for authorization is October 5, 2015. The documentation indicates the injured worker has a history of double crush injury to the upper extremities, carpal tunnel release, bilateral epicondylitis and multiple shoulder surgeries. According to an orthopedic hand surgery progress note dated September 23, 2015, subjective complaints include pain in the elbow and lateral epi-condyle increased with activity. There is neck pain. Objectively, there is tenderness over the right and left epicondyles. Range of motion is intact. There is positive Tinel's bilaterally. The treating provider is requesting a pain management evaluation and additional physical therapy #12 sessions. There is a single physical therapy progress note dated April 1, 2015. There are no additional physical therapy progress notes in medical record. The total number of physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement with prior physical therapy. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to date with documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy elbow #12 sessions is not medically necessary.