

Case Number:	CM15-0205878		
Date Assigned:	10/22/2015	Date of Injury:	05/21/2009
Decision Date:	12/03/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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 32 year old female who sustained an industrial injury on May 21, 2009. Medical records indicated that the injured worker was treated for right cubital tunnel syndrome. Her medical diagnoses include right cubital tunnel syndrome status post right cubital tunnel release. In the provider notes dated from September 4, 2015 the injured worker complained of right hand pain with weakness and shaking and shoulder pain. On exam, the documentation stated that her incision was well healed with minimal soft tissue swelling, soft compartments and full range of motion of the shoulder, elbow and wrist. She is able to flex and extend all fingers with no pain with passive finger extension. Sensation is intact and her fingers are pink and warm with brisk capillary refill. In Physical Therapy notes dated September 10, 2015 the injured worker complained of numbness from the right forearm to the 4th and 5th digits with any movement. The documentation stated that she felt better with decreased elbow and hand pain. The treatment plan is right hand range of motion, right upper extremity advanced weight bearing and continued physical therapy. Previous treatments included medications, acupuncture and bracing. A Request for Authorization was submitted for physical therapy 12 sessions. The Utilization Review dated October 9, 2015 denied the request for physical therapy 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

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 times 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 status post right ulnar neurolysis and cubital canal April 9, 2015 and moderate cubital, syndrome. Date of injury is May 21, 2009. Request for authorization is dated October 5, 2015. According to a physical therapy progress note dated June 11, 2015, the injured worker completed 9 of 12 physical therapy sessions. According to a subsequent physical therapy progress note dated September 10, 2015, the injured worker completed 8 out of 12 (second set) of physical therapy. The documentation indicates the injured worker completed 24 sessions of physical therapy to date. According to a September 10 physical therapy 2015 progress note, the injured worker is feeling better with continued improvement. According to a September 4, 2015 provider progress note, subjectively the injured worker complains of "pain". Objectively, there is minimal soft tissue swelling, range of motion is full in the shoulder, elbow and wrist. There is no documentation demonstrating objective functional improvement to support additional physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (20 physical therapy visits over three months) is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the injured worker received 24 sessions of physical therapy, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy times 12 sessions is not medically necessary.