

Case Number:	CM15-0022159		
Date Assigned:	02/11/2015	Date of Injury:	02/04/2014
Decision Date:	11/25/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/06/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 28 year old male who reported an industrial injury on 2-4-2014. His diagnoses, and or impressions, were noted to include right elbow cubital tunnel syndrome and medial epicondylitis, status-post right ulnar nerve decompression and cubital tunnel release (9-9-14); and morbid obesity. No imaging studies were noted. His treatments were noted to include 8 sessions of physical therapy and a return to work with restrictions. The progress notes of 1-28-2015 reported: right elbow pain; that his previous visit was on 12-22-2014; and that both requests for electrodiagnostic studies and 5 additional physical therapy sessions had been denied, and he had (illegible) since that time. Objective findings were noted to include tenderness over the scar and normal sensation and strength in the ulnar, medial and radial nerve distribution; and continued pain and nerve progress status-post ulnar nerve decompression. The physician's request for treatment was for more physical therapy visits. The Utilization Review of 2-5-2015 non-certified the request for 8 additional, outpatient physical therapy sessions for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 8 sessions for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: Per the MTUS Guidelines, Physical Therapy is recommended in specific circumstances. Passive therapies have been shown to be beneficial in early stages / acute pain, to help control pain, inflammation, and swelling and to promote healing of soft tissue injuries. While passive therapies can be helpful short term, active therapies have shown clinically significant improvement long term. Active therapies require energy expenditure on the part of the patient and may require supervision, but are expected to be continued as home exercise program as well. Per the guidelines, Physical Therapy can be recommended in specific frequency and duration for specific conditions. For post-surgical patients, the specific surgery, if uncomplicated, dictates the length of needed therapy. Cubital tunnel release, a part of the procedure accomplished for the patient of concern, per the Guidelines, includes up to 20 physical therapy visits in 3 months post-procedure, but the recovery period can be extended to 6 months post-procedure if improvement is documented. Physical therapy should be part of a treatment program that includes "education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations." For the patient of concern, he did have documented continued symptoms in the 6 months post-procedure, so additional physical therapy may have been warranted. However, the records, many of which were illegible, did not indicate how many sessions patient had already completed at time of request. Furthermore, the records did not objectively assess patient's improvement with the previous physical therapy to justify additional physical therapy more than 3 months post-procedure. While additional physical therapy sessions may be warranted in complicated or comorbid conditions, those would only be approved after documented improvement with initial sessions. More importantly, the most recent records available for review are dated January 2015. Without more information on previous physical therapy sessions, number and improvement accomplished, and without up to date records of current complaints and findings, the request for 8 additional physical therapy sessions for right elbow is not medically necessary.