

Case Number:	CM15-0035562		
Date Assigned:	03/04/2015	Date of Injury:	05/09/1997
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 year old male injured worker suffered an industrial injury on 5/9/1997. The diagnoses were left carpal tunnel syndrome, lesion of the ulnar nerve, epicondylitis of the right/left elbow, rotator cuff strain/ sprain, neck sprain/strain, and lumbar sprain/strain. The treatments were bilateral carpal tunnel releases, ulnar nerve release, splint, physical therapy and home exercise program. The treating provider reported decrease in strength and range of motion to the left wrist with pain rated from 0/10 to 9/10. The Utilization Review Determination on 2/12/2015 non-certified Physical therapy 2 times a week for 6 weeks (12 sessions) right elbow, MTUS, ACOEM, ODG

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks (12 sessions) right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Online Edition Chapter: Elbow (Acute & Chronic) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Physical therapy 2 times a week for 6 weeks (12 sessions) right elbow is not medically necessary.