

Case Number:	CM15-0080155		
Date Assigned:	05/01/2015	Date of Injury:	11/05/2013
Decision Date:	06/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 26 year old male, who sustained an industrial injury on 11/05/2013. He reported a motor vehicle accident/rollover with low back injury including left lower extremity numbness. Diagnoses include contusion of the elbow and lumbar region sprain. Treatments to date include activity modification and physical therapy. Currently, he complained of ongoing low back and left elbow pain. On 3/23/15, the physical examination documented decreased lumbar range of motion and a negative straight leg raise test. The plan of care included a request for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks low back, left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints Page(s): 299, 587.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Elbow (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a 'six-visit clinical trial' of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." ODG further quantifies physical therapy for the elbow with: ODG Physical Therapy Guidelines General: Up to 3 visits contingent on objective improvement documented (i.e. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long term resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Sprains and strains of elbow and forearm (ICD9 841):Medical treatment: 9 visits over 8 weeks; Post-surgical treatment/ligament repair: 24 visits over 16 weeks; Lateral epicondylitis/Tennis elbow (ICD9 726.32):Medical treatment: 8 visits over 5 weeks; Post-surgical treatment: 12 visits over 12 weeks; Medial epicondylitis/Golfers' elbow (ICD9 726.31):Medical treatment: 8 visits over 5 weeks; Post-surgical treatment: 12 visits over 12 weeks; Enthesopathy of elbow region (ICD9 726.3):Medical treatment: 8 visits over 5 weeks; Post- surgical treatment: 12 visits over 12 weeks; Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2):Medical treatment: 14 visits over 6 weeks; Post-surgical treatment: 20 visits over 10 weeks; Olecranon bursitis (ICD9 726.33): Medical treatment: 8 visits over 4 weeks; Dislocation of elbow (ICD9 832):Stable dislocation: 6 visits over 2 weeks; Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks; Fracture of radius/ulna (ICD9 813): Post-surgical treatment: 16 visits over 8 weeks; Fracture of humerus (ICD9 812):Medical treatment: 18 visits over 12 weeks; Post-surgical treatment: 24 visits over 14 weeks; Ill-defined fractures of upper limb (ICD9 818): 8 visits over 10 weeks; Arthropathy, unspecified (ICD9 716.9): Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks; Rupture of biceps tendon (ICD9 727.62): Post- surgical treatment: 24 visits over 16 weeks. Medical records indicate this patient has had an unknown number of physical therapy sessions. Guidelines recommend 9-10 sessions of physical therapy for exacerbation of chronic back and/or elbow pain, the request is in excess of guideline recommendations. Additionally, the most recent notes do not provide any objective findings that would warrant the therapy that is being requested. As such, the request for Physical therapy 3 times a week for 4 weeks low back, left elbow is not medically necessary.