

Case Number:	CM13-0003525		
Date Assigned:	11/08/2013	Date of Injury:	03/16/2013
Decision Date:	09/19/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51 year old female who sustained an injury on 03/16/2013. The mechanism of injury is unknown. Prior medication history included Flexeril, Medrox cram, and corticosteroid injections. She has been treated conservatively with physical therapy which helps intermittently and cortisone injection. Diagnostic studies reviewed include EMG of the upper extremity dated 06/04/2013 revealed polyaxial neuropathy. Progress report dated 06/13/2013 states the patient complained of pain and tingling sensation in the arm. Objective findings on exam revealed tenderness in the posterolateral aspect of the elbow area. She has pain with resisted wrist extension and good range of motion. She is diagnosed with neuropathy and elbow tendonitis. She has been recommended for physical therapy twice a week for 6 weeks for the elbow. Prior utilization review dated 07/08/2013 states the request for physical therapy two times a week for six weeks for right elbow is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Physical Therapy.

Decision rationale: CA MTUS guidelines indicate physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. According to the Official Disability Guidelines for Physical Therapy, continued use of Physical Therapy is recommended when functional improvements are documented. In this case, no progression or documented functional improvements and has exceeded the guidelines for recommended number of sessions. Therefore, the request is not medically necessary at this time.