

Case Number:	CM14-0115816		
Date Assigned:	09/16/2014	Date of Injury:	06/17/2005
Decision Date:	10/15/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/23/2014

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, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a male patient with a date of injury of June 17, 2005. A utilization review determination dated July 11, 2014 recommends non-certification of additional physical therapy 8 - 10 sessions for the left elbow/forearm. A progress note dated May 21, 2014 identifies subjective complaints of persistent left elbow and left forearm pain, a pain level of 6/10, the patient reports to continue use an H - wave unit which is helping with pain and numbness in the left upper extremity, pain in the left elbow is radiating to the left forearm with associated tingling and numbness in the medial aspect of the left forearm, intermittent sharp shooting pain radiating from the left elbow to the left forearm, the patient received a left elbow splint which is helping to minimize sensitivity in the left elbow but he has persistent tingling and numbness in the left fourth and fifth digit, and the patient would like to have additional physical therapy for his left upper extremity. Physical examination identifies that the patient is grossly protective of his left upper extremity, there is tenderness noted at the left elbow and at the left medial at the epicondylar region, there is dysesthesia noted to light touch in the left ulnar nerve distribution, and strength is 5/5 in bilateral upper extremities. The diagnoses include left ulnar neuropathy, left elbow sprain/strain, rule out left elbow ligament injury, left lumbar radiculopathy, left sacroilitis, chronic low back pain, status post release of left tardy ulnar nerve, and bilateral knee pain. The treatment plan recommends a prescription for Voltare in gel 1%, and a request for authorization for 8 - 10 sessions of physical therapy for the left elbow and left forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 8-10 left elbow/forearm (previous for the life of the claim):
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Physical Therapy; Forearm, Wrist, and Hand Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy 8-10 sessions for the left elbow/forearm, CA MTUS Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy 8-10 sessions for the left elbow/forearm is not medically necessary.