

Case Number:	CM14-0131819		
Date Assigned:	08/20/2014	Date of Injury:	04/26/2007
Decision Date:	09/19/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/18/2014

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 Interventional Spine 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 injured worker is a 56 year old female with an injury date of 4/26/07. Based on the 12/16/13 comprehensive orthopedic consult by [REDACTED] the injured worker complains of "ongoing left lateral elbow pain, tenderness, stiffness and weakness," and "persistent symptoms despite all attempts at aggressive post-operative management." [REDACTED] references a 1/12/11 ultrasound of the injured worker's left elbow, which revealed "prominent fibrosis, adhesions and attenuation." Exam of the injured worker's elbows reveal severe lateral epicondyle tenderness, lateral extensor origin tenderness, and lateral collateral ligament tenderness. Further exam reveals the injured worker has 3/5 muscle strength and tone for wrist dorsiflexion; with provocative testing, the injured worker has pain on resisted left wrist extension and left long finger extension. Impressions are:1. Ultrasound-confirmed left elbow degeneration tearing, extensor carpi radialis and brevis muscles, status post previous open repair and debridement, performed in May 2010 by [REDACTED].2. Status post contusion trauma stress/strain injury to the left elbow, January 7, 2009. The utilization review being challenged is dated 8/01/14. The request is for physical therapy; twelve (12) sessions (2x6). The requesting provider is [REDACTED] and he has provided one comprehensive orthopedic consult from 12/16/13; also included, was an 6/12/13 Agreed Medical Re-Evaluation and 7/03/13 AME Review of Medical Records, both by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; twelve (12) sessions two times a week for six weeks (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: On 2/26/14, this patient underwent left elbow revision exploration and debridement with repair of extensor carpi radialis brevis (ECRB) and extensor carpi radialis longus (ECRL). While this patient is beyond the allowed MTUS post-surgical treatment period of 6 months for ECRB/ECRL debridement, MTUS Physical Medicine guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. A short course up to 10 sessions may be reasonable, given this patient's persistent pain and symptoms; however, the request for 12 sessions exceeds the recommended 8-10 allowed by MTUS guidelines for this type of condition. Furthermore, there is no discussion about what therapy treatment the injured worker has received, or why the injured worker cannot transition to an active, self-directed home exercise regimen. Therefore, this request is not medically necessary.