

Case Number:	CM14-0142756		
Date Assigned:	09/10/2014	Date of Injury:	11/20/2012
Decision Date:	10/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/03/2014

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 Family Medicine 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 43-year-old female with an 11/20/12 date of injury; the mechanism of the injury was not described. The progress report dated 7/14/14 indicated that the patient accomplished 12 visits of physical therapy (PT), which "helped somewhat", 24 sessions of acupuncture and 15 chiropractic treatments. The patient was seen on 7/30/14 with complaints of pain in the neck and pain in the left elbow. Exam findings revealed pain in the cervical spine with the range of motion and tenderness over the left lateral epicondyle. The diagnosis is brachial neuritis or radiculitis, spinal stenosis in cervical region, MRI of the left elbow dated 5/19/14 revealed mild extensor tendonitis adjacent to the lateral epicondyle. Treatment to date: 12 PT sessions, 24 acupuncture sessions, 15 chiropractic sessions, work restrictions and medications. An adverse determination was received on 8/15/14 given that multiple physical therapy requests had been documented, however it was unclear how many PT visits had been completed. In addition the MTUS supported up to 10 visits for the treatment of myalgia, myositis and radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 12 visits Left elbow, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): (s) 98-99.

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

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The progress note dated 7/14/14 indicated that the patient accomplished 12 sessions of PT that "helped somewhat". The date of the treatment was not specified. There is no rationale with regards to the additional PT visits and there is a lack of documentation indicating subjective and objective functional gains from the previous PT visits. In addition, it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for PT 12 visits for the left elbow and cervical spine is not medically necessary.