

Case Number:	CM14-0160965		
Date Assigned:	10/06/2014	Date of Injury:	05/31/2012
Decision Date:	10/30/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation and Pain Management, 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:

The patient is a 79 year old female with date of injury 5/31/12. The mechanism of injury was the employee was tugging on a cart and fell forward face first and the cart fell on her. The treating physician hand written report dated 4/14/14 is difficult to read and indicates that the patient presents with pain affecting the right elbow. The physical examination findings state, "Full ROM (Range of Motion)." The current diagnoses are: 1.S/P (status post) Right Cubital tunnel surgery 2.S/P (status post) Carpal Tunnel surgery The utilization review report dated 9/26/14 denied the request for physical therapy 2x3 for the right elbow based on lack of prior improvement with recent physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient physical therapy two (2) times a week for three (3) weeks for the right elbow: Upheld

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

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

Decision rationale: The patient presents with chronic pain affecting the right elbow and is status post-surgery right elbow and carpal tunnel release of unknown dates with well healed scars. The current request is for physical therapy 2x3 of the right elbow. The treating physician report dated 4/4/14 states that the patient has right elbow pain 6/10, normal ROM, increased headaches-Neurology consult and to schedule right common extensor tendon tear repair." The MTUS guidelines allow 8-10 therapy visits for neuritis and myalgia type symptoms. This request does not appear to fall under the post-surgical guidelines as the patient is preparing for surgery and this request does not state that the physical therapy is to be performed post-surgically and the previous surgeries do not appear to have taken place in the last 16 weeks. While the current request for physical therapy is within the number of visits that are recommended by MTUS, the treater has failed to document a medical need for care. The only objective finding noted is that the patient has full range of motion. There is documentation of prior physical therapy care and the utilization review report dated 9/26/14 states that as of 5/31/12 the patient was provided 6 physical therapy sessions recently. While this patient may at some point require additional physical therapy, the treater has failed to document any medical rationale as to why physical therapy is required prior to an upcoming surgery. Therefore, the request of additional outpatient physical therapy two (2) times a week for three (3) weeks for the right elbow is not medically necessary and appropriate.