

Case Number:	CM14-0165720		
Date Assigned:	10/10/2014	Date of Injury:	07/14/2013
Decision Date:	11/12/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/08/2014

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 is licensed to practice in Alabama. 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 was injured on 07/14/2013. Prior treatment history has included Ultram, Tramadol and Motrin. The patient has completed 18 sessions. The patient underwent right carpal tunnel release on 06/02/2014. MRI of the cervical spine dated 05/02/2014 revealed a 2 to 3 mm annular disc bulge causing mild diffuse anterior flattening of the Dura. Progress report dated 05/28/2014 documented the patient to have complaints of neck pain radiating to the right shoulder and low back pain. On exam, there is positive straight leg raise test bilaterally and positive Lasegue's sign. She had painful restricted range of motion. There is tenderness to palpation over the facet joints and the lumbar spine paraspinal muscles. The cervical spine revealed painful cervical spine range of motion and tenderness to palpation over the cervicotracheal ridge on the right. Bilateral shoulder examination revealed positive impingement sign on the right side. Her range of motion of the left shoulder revealed forward flexion to 100-170 degrees and abduction to 140 degrees. Right shoulder range of motion revealed positive impingement sign. The patient was diagnosed with cervical spine degenerative discogenic disease; lumbar spine degenerative discogenic disease; right shoulder rotator cuff impingement; right shoulder rotator cuff tendinitis; and left shoulder sprain/strain. This patient is status post right cubital tunnel release and was recommended for 12 additional physical therapy sessions. Prior utilization review dated 09/10/2014 states the request for Physical therapy 3x4 for the right elbow/forearm, cervical is modified to certify 2 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for the right elbow/forearm, cervical: Upheld

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

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

Decision rationale: The above MTUS guidelines for physical therapy following cubital tunnel syndrome states "Ulnar nerve entrapment/Cubital tunnel syndrome Postsurgical Treatment: 20 visits over 10 weeks." In this case, the cubital tunnel release was completed on 6/2/14. Note from 6/16/14 requested for "post-operative physical therapy for the right elbow three times a week for six weeks" and note from 8/25/14 states "the patient has been participating in postoperative physical therapy over the last six weeks with good benefit" which implies the patient has had 18 sessions of therapy already, leaving her 2 more sessions per above guidelines. The request is for 3x4 or 12 sessions of therapy. Because I am asked to decide yes or no regarding medical necessity, and not to modify the order, I will not authorize the request for physical therapy 3x4 because she only needs 2 more sessions as per guidelines above. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.