

Case Number:	CM14-0210265		
Date Assigned:	12/23/2014	Date of Injury:	07/27/2012
Decision Date:	02/24/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 59 year old female with a work injury dated 7/27/12. The diagnoses include left elbow pain, shoulder pain, left elbow flexion contracture and bilateral carpal tunnel syndrome and left ulnar neuropathy. Under consideration is a request for physical therapy (2 x 6) on the left elbow. There is a 10/28/14 progress note that states that the patient's pain has increased since last visit. Her activity level has increased. She is awaiting CT of left elbow. She underwent MRI of the left shoulder with tendinitis. Her meds include Voltaren Gel and Tylenol extra strength. She is working full time as a bookkeeper. Her progress note reveals that the patient has a history of left arm surgery in Jan. 2000 due to a broken arm. Inspection of the shoulder joint reveals no swelling, deformity, joint asymmetry or atrophy. Movements are restricted with flexion limited to 120 degrees and abduction limited to 90 degrees but normal extension. Hawkins test is positive. On palpation, tenderness is noted in the acromioclavicular joint and subdeltoid bursa. Range of motion is restricted with flexion limited to 110 degrees and extension 45. There is a left flexion contracture. Phalen's test is positive. 8/01/2012 Surgical removal of plate and screws from the olecranon, Open reduction and internal fixation of the fractured distal end of the left humerus with hardware. 07/31/12 CT Left Shoulder revealed a comminuted fracture of the humeral head with significant displacement or angulation of the fracture fragments. No Dislocation. 07/30/2012 XR Left Elbow Left elbow fracture follow-up. 6/6/13 EMG/NCS revealed Electrodiagnostic evidence of moderate left carpal tunnel syndrome and moderate left cubital tunnel syndrome. The treatment plan includes updated EMG/NCS, awaiting left elbow CT; Voltaren Gel, and PT 2 times a week for 6 weeks. An 8/29/14 progress note states that the patient states that she attended

14 sessions of PT for the hand from Aug. 2012 to Aug. 2013 and 18 PT visits for the shoulder/elbow from Sept. 2012 to March 2013 which provided moderate relief and she was taught to do shoulder, arm, hand exercises which provided relief. A prior UR dated 11/26/14 states that the patient has had 31 PT sessions but has not had PT lately nor is she participating in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice (2) per week for six (6) weeks for the Left Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow: Physical Therapy Guidelines

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

Decision rationale: Physical therapy twice (2) per week for six (6) weeks for the left elbow is not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines recommends up to 10 visits for this condition rather than 12. The documentation indicates that the patient has had extensive prior elbow physical therapy. The MTUS guidelines encourage transition to an independent home exercise program. The patient should be versed in her home exercises. Therefore, the request for physical therapy twice per week for six weeks for the left elbow is not medically necessary.