

Case Number:	CM15-0011055		
Date Assigned:	01/30/2015	Date of Injury:	09/08/2013
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker was a 38 year old male, who sustained an industrial injury, September 8, 2013. The injured worker was diagnosed with carpal tunnel syndrome, radius fracture, ulnar neuropathy and left elbow osteoarthritis. The injured worker previously received the following treatments occupational therapy, physical therapy and CT of the left elbow, 3 view x-ray, CT guided arthrocentesis of the left elbow. According to progress note of the injured workers chief complaint was intermittent left elbow pain with occasional numbness and tingling in the ring and small fingers. December 17, 2014, the primary treating physician requested authorization for 12 sessions of physical therapy 3 times a week for 4 weeks to the left elbow. On December 23, 2014, the utilization review denied authorization for 12 sessions of physical therapy 3 times a week for 4 weeks to the left elbow. The utilization Reviewer referenced MTUS and ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operation physical therapy 3 times a week times 4 weeks for the left elbow:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow disorders.

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

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. ODG further quantifies physical therapy for the elbow with: ODG Physical Therapy Guidelines General: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long term resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Sprains and strains of elbow and forearm (ICD9 841): Medical treatment: 9 visits over 8 weeks. Post-surgical treatment/ligament repair: 24 visits over 16 weeks. Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. Medial epicondylitis/Golfers' elbow (ICD9 726.31): Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. Enthesopathy of elbow region (ICD9 726.3): Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Medical treatment: 14 visits over 6 weeks. Post-surgical treatment: 20 visits over 10 weeks. Olecranon bursitis (ICD9 726.33): Medical treatment: 8 visits over 4 weeks. Dislocation of elbow (ICD9 832): Stable dislocation: 6 visits over 2 weeks. Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks. Fracture of radius/ulna (ICD9 813): Post-surgical treatment: 16 visits over 8 weeks. Fracture of humerus (ICD9 812): Medical treatment: 18 visits over 12 weeks. Post-surgical treatment: 24 visits over 14 weeks III-defined fractures of upper limb (ICD9 818): 8 visits over 10 weeks. Arthropathy, unspecified (ICD9 716.9): Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks. Rupture of biceps tendon (ICD9 727.62): Post-surgical treatment: 24 visits over 16 weeks. The guidelines allow up to 16 visits of physical therapy for a radial fracture, post-operatively. Therefore, the request for physical therapy 3 times a week times 4 weeks for the left elbow is medically necessary.