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| Case Number: | CM15-0017456 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 03/27/2013 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/21/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 67 year old male with an industrial injury dated March 27, 2013. The injured worker diagnoses include pain in joint shoulder and status post left shoulder arthroscopy with rotator cuff repair (RCR), decompression and biceps tenotomy. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/7/2015, the injured worker reported persistent left elbow pain that radiates into the left hand with numbness and tingling. He reports that due to this pain, he has difficulty with gripping and grasping and feels weakness in his left hand. He also reports that he cannot hold heavy items. The treating physician prescribed services for physical therapy 2x6 weeks for the left elbow now under review. Utilization Review determination on January 21, 2015 denied the request for physical therapy 2x6 weeks for the left elbow, citing MTUS Guidelines. An 1/14/15 progress note indicated a negative left elbow tinel. Sensation mildly decreased at the left upper extremity compared to right upper extremity. Grip strength 5/5 bilaterally. There was no tenderness of the left elbow on exam. The cervical paraspinal muscles were tender. The cervical spine exam states that there was decreased cervical range of motion and decreased left forearm and left dorsal hand sensation. There was decreased grip strength of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: PT 2x6 weeks - Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 98-99.

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

Decision rationale: Physical Therapy: PT 2x6 weeks - left elbow is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The request exceeds this recommendation. Furthermore, the documentation suggests that the patient's elbow pain is referred from the cervical spine. There are no clear objective elbow deficits that would require 12 supervised physical therapy visits for the left elbow. The request for physical therapy for the left elbow is not medically necessary.