

Case Number:	CM15-0113034		
Date Assigned:	06/30/2015	Date of Injury:	05/31/2012
Decision Date:	07/29/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old male who sustained an industrial injury on 5/31/12. Mechanism of injury was not clear. He currently complains of headache with pain level of 8/10 which has improved from 9/10; left elbow pain with a pain level of 9/10. On physical exam there was tenderness on palpation of the left elbow. Medications were not identified. Ability to perform activities of daily living and functional status were not specific. Diagnoses include status post blunt head injury with loss of consciousness; dental trauma; left elbow medial epicondylitis; left elbow ulnar neuropathy, exacerbation. Treatments to date include three physical therapy sessions. On 5/13/15 Utilization Review evaluated a request for physical therapy to the left elbow, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in May 2012. When seen, he was having headaches and left elbow pain. When seen, his headache pain had decreased from 9/10 to 8/10 and left elbow pain was unchanged at 9/10. There was elbow tenderness which was unchanged. Prior treatments have included three sessions of physical therapy. Guidelines recommend up to 8 visits over 5 weeks for the claimant's elbow condition. In this case, the number of visits requested is in excess of that recommended or what might be expected to establish or revise a home exercise program. The request is not medically necessary.