

Case Number:	CM15-0120577		
Date Assigned:	07/01/2015	Date of Injury:	07/16/2014
Decision Date:	07/30/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/23/2015

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 36 year old male, who sustained an industrial/work injury on 7/16/14. He reported initial complaints of left upper extremity and lower back pain. The injured worker was diagnosed as having pain in joint-upper arm. Treatment to date has included medication, diagnostics, and surgery (left wrist carpal tunnel release on 4/28/15). Currently, the injured worker complains of left upper extremity and lower back pain. Per the primary physician's progress report (PR-2) on 5/12/15, examination revealed limited range of motion in the left elbow with extension of 75 percent, sutures intact to the left hand. There is axial lower back pain. There is also a psychological element with distress from the fall. Current plan of care included physical therapy. The requested treatments include physical therapy sessions for the left elbow and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the left elbow and lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Elbow (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in July 2014 and continues to be treated for low back and left upper extremity pain. A left carpal tunnel release was done on 04/28/15. When seen, he was distressed because an elbow manipulation was supposed to have been performed during the procedure and he did not have full elbow range of motion. He was having chronic non-radiating low back pain. There was decreased left elbow extension. Authorization for 12 physical therapy treatments was requested. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 3-5 weeks with a post-operative period of three months. In this case, the claimant also has a left elbow contracture and chronic low back pain. Treatments for these conditions would be expected to only be partially provided on a concurrent basis. For chronic low back pain, guidelines recommend a six visit clinical trial. In this case, the number of treatments being requested are consistent with that supported by the combined guideline recommendation and can be considered medically necessary.