

Case Number:	CM15-0123645		
Date Assigned:	07/08/2015	Date of Injury:	05/29/2014
Decision Date:	09/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/26/2015

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 47 year old female who sustained an industrial injury on May 29, 2014. The worker was employed as an assembly line worker for a produce company. The accident was described as while operating a conveyor belt a large piece of plastic tubing fell onto her left forearm with immediate onset of pain and resulting injury. At primary follow up dated February 02, 2015 she had subjective complaint of pain along the medial side of left elbow that radiates in the left forearm as well as the left hand to include ring and little fingers. Objective assessment found: positive Tinel's over the medial epicondyle. The impression noted let cubital tunnel syndrome. She is to remain temporarily totally disabled. The plan of care is with recommendation to perform nerve conduction study of the left upper extremity. She did undergo the testing on March 17, 2015 which noted an essentially normal study; soft tissue injury could not be rule out with this study. A primary treating follow up dated May 15, 2015 reported subjective complaint of left elbow pain under the treating diagnoses of: left elbow sprain and pain. The plan of care noted recommendation to participate in a course of physical therapy and she was dispensed with a neoprene elbow sleeve.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 6 Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 2014 and is being treated for left elbow pain. Case notes reference completion of 7 physical therapy treatment sessions. Electrodiagnostic testing in March 2015 was negative. When seen, there was left elbow tenderness. Ultracet was prescribed and physical therapy was requested for a diagnosis of medial epicondylitis. In terms of physical therapy for this condition, guidelines recommend up to 8 treatment sessions over 5 weeks. In this case, the claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.