

Case Number:	CM15-0173963		
Date Assigned:	09/15/2015	Date of Injury:	01/16/2012
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/03/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 53-year-old male who sustained an industrial injury on 01-16-2012. Diagnoses include left ulnar neuropathy, displacement of cervical intervertebral disc and chronic lumbosacral strain. A physician progress note dated 07-30-2015 documents the injured worker has complaints of continued paresthesia in the left hand, ring and little finger. He has pain in the lateral and medial aspect of the elbow and pain radiates down to the forearm. On examination, Formant's sign is absent. He is tender over the medial epicondyle and ulnar nerve. He is taking Aleve for approximately 5 months. There is documentation in this note that the injured worker has not tried strengthening exercises for the left upper extremity. In a physician note dated 07-13-2015 an ulnar nerve, release is recommended due to ulnar nerve problems, and he has some discomfort over the lateral epicondyle and at a later time may need to consider having a left lateral epicondyle release. Treatment to date has included diagnostic studies, medications, status post left and right carpal tunnel release, status post cervical spine surgery, and activity modifications. He is not working. On 08-08-2015, the Request for Authorization was for physical therapy strengthening left elbow 2 x 6. On 08-19-2015, Utilization Review modified the requested treatment 12 physical therapy visits to include strengthening exercises to the left elbow to 9 physical therapy visits between 08-07-2015 to 02-03-2016.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits to include strengthening exercises to the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions to include strengthening exercises to the left elbow is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is ulnar nerve palsy. Date of injury is January 16, 2012. Request for authorization is August 5, 2015. The treating provider requested an ulnar nerve release that was denied. According to a July 30, 2015 progress note, subjectively the injured worker complains of left hand paresthesias. There is pain in the elbow that radiates in the forearm. Objectively, there is no wasting of the interosseous or hand muscles. The ulnar nerve is stable. There is no documentation of prior physical therapy. According to the utilization review, this is an initial request (for 12 physical therapy sessions). The guidelines recommend a six visit clinical trial. Pending objective functional improvement, additional physical therapy may be recommended. Based on clinical information in the medical records, peer-reviewed evidence-based guidelines, no documentation of a six visit clinical trial and request for 12 physical therapy sessions (in excess of the recommended six visit clinical trial), 12 physical therapy sessions to include strengthening exercises to the left elbow is not medically necessary.