MAXIMUS Federal Services

Case Number:	CM15-0174315		
Date Assigned:	09/16/2015	Date of Injury:	09/23/2014
Decision Date:	10/19/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/04/2015

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 48 year old female, who sustained an industrial injury on September 23, 2014. She reported an injury to her left arm due to repetitive motion. On August 6, 2015 the injured worker rated her pain a 2 on a 10-point scale to her elbow and a 1 on a 10-point scale to her shoulder. She reported that when her elbow is exacerbated she will have pain to her shoulder area. She continued to have left fourth and fifth digit numbness and tingling intermittently and noted that her Percocet at bedtime is controlling her pain and allowing her to sleep. On physical examination the injured worker had tenderness to palpation over the medial epicondyles into the proximal flexor tendons on the forearm. She had tenderness to palpation over the flexor tendons on the radial and ulnar surface of the forearm. She had positive hypertonicity of the area and her active range of motion was increased with pain on resisted flexion. Her strength is 4-5. She had discomfort with all planes of range of motion of the left shoulder and she had tenderness to palpation over the acromioclavicular joint. She has increased pain with resisted flexion and extension and her strength is 4-5. On August 27, 2015 the injured worker had completed ten of twelve physical therapy sessions. She reported that her pain was controlled by Percocet and Flexeril. She used ice therapy frequency and she was tolerating modified work duties. On physical examination the injured worker had tenderness to palpation over the left elbow medial epicondyle. She had a positive coffee cup test and positive ulnar compression test. She exhibited tenderness to palpation over the proximal flexor tendons and had increased discomfort with resisted flexion range of motion. She had tenderness to palpation over the acromioclavicular joint and increased pain with left shoulder range of motion. She had increased pain with flexion

and abduction and her strength was 4+ - 5. An MRI of the left elbow without contrast on December 3, 2014 revealed ulnar neuritis. The injured worker was diagnosed as having sprain of the elbow and forearm, synovitis and tenosynovitis of the hand and wrist. Treatment to date has included NSAIDS, physical therapy, home exercise program, and modified work duties. A physical therapy progress note on July 29, 2015 revealed that the injured worker demonstrated improvement with range of motion and strength and had demonstrated compliance with her prescribed home exercise program. A request for authorization for eight sessions of physical therapy to the left upper extremity was received on August 12, 2015. On August 13, 2015, the Utilization Review physician determined that eight sessions of physical therapy to the left upper extremity was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Physical Therapy sessions to the left upper extremity QTY 8 DOS: 8/6/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

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) Pain section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective physical therapy left upper extremity #8 sessions date of service August 6, 2015 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left elbow ulnar neuritis; and compensatory left shoulder strain. Date of injury is September 20, 2014. Request for authorization is August 7, 2015. According to an August 6, 2015 progress note, the injured worker has ongoing complaints of left elbow pain and shoulder pain. Objectively, there is tenderness palpation over the medial epicondyle and radial and ulnar services of the forearm. Shoulder examination has a range of motion, but has tenderness to palpation over the AC joint. Utilization review indicates the injured worker received 11 out of 12 physical therapy sessions. The documentation in the utilization review indicates the injured worker has failed conservative treatment with no improvement based on physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines are clinically indicated. The worker received 11 out of 12 physical therapy sessions and should be well versed in the exercises performed during physical therapy to engage in a home exercise program. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating failed conservative treatment, no documentation demonstrating objective functional improvement from prior physical therapy and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, retrospective physical therapy left upper extremity #8 sessions date of service August 6, 2015 is not medically necessary.