

Case Number:	CM15-0071391		
Date Assigned:	04/21/2015	Date of Injury:	08/22/2013
Decision Date:	05/19/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old male who sustained an industrial injury on 08/22/2013. Current diagnoses include right elbow ulnar nerve entrapment and right carpal tunnel syndrome status post right carpal and cubital tunnel release on 12/2/14. Previous treatments included medication management, physical therapy, and right wrist/elbow surgery. Previous diagnostic studies included EMG/NCS, x-rays, and MRI's. Report dated 01/22/2015 noted that the injured worker presented with complaints that included right elbow and right wrist pain. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Per documentation the patient had 5 post operative PT sessions left. Physical examination was positive for abnormal findings. The treatment plan included request for additional physical therapy, urine toxicology screen. Disputed treatments include physical therapy 3 times a week for 4 weeks (12 sessions), right elbow, right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks (12 sessions), right elbow, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Physical therapy 3 times a week for 4 weeks (12 sessions), right elbow, right wrist is not medically necessary per the MTUS Guidelines. The post surgical MTUS guidelines recommend up to 20 visits for this condition. The MTUS also recommends a transition to an independent home exercise program. The documentation is not clear on how many prior therapy visits the patient has had. The recent documentation does not indicate extenuating findings on physical exam that necessitate an additional supervised 12 PT sessions. The request for physical therapy for the right elbow and wrist is not medically necessary.