

Case Number:	CM15-0077268		
Date Assigned:	04/28/2015	Date of Injury:	12/11/2012
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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 was a 62-year-old female, who sustained an industrial injury, December 11, 2012. The injured worker previously received the following treatments x-rays, Motrin, left knee MRI, home exercise program and 10 sessions of physical therapy. The injured worker was diagnosed with status post right lateral epicondylectomy, right medial tendinopathy of the elbow with cubital tunnel syndrome, left foot arthralgia, and rule out meniscal tear with bilateral feet planter fasciitis. According to progress note of March 11, 2015, the injured workers chief complaint was left arm, left elbow and lumbar spine pain. The injured worker rated the pain 6 out of 10 to the cervical spine; 0 being no pain and 10 being the worst pain. The lumbar spine pain was 5-9 out of 10. The left elbow pain was 5 out of 10 constant and the left foot pain was 9 out of 10. The pain was made better by rest and medication and worse by activities. The physical exam noted tenderness with palpation of the upper trapezius muscles worse on the left than the right. The lumbar spine had tenderness with palpation over the right lumbar paraspinal muscles. There was limited flexion and rotation due to pain. The straight leg raises were positive in the sitting position on the right lower extremity. The injured worker was with an antalgic gait. The treatment plan included 12 physical therapy sessions for the left arm, left elbow and lumbar spine as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy 2x6 weeks for the left arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy (2 X 6) to the left arm 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. The injured worker's working diagnoses are status post right lateral epicondylectomy; right medial tendinopathy of the elbow, cubital tunnel syndrome; left foot arthralgia; and bilateral feet plantar fasciitis. The date of injury is December 11, 2012. According to a progress note dated March 5, 2015, the injured worker completed 10 out of 10 physical therapy sessions for the left arm, elbows and lumbar spine. There has been "some improvement". VAS pain scale from a November 2014 progress note was 5/10. VAS pain scale from a March 5, 2015 progress note was 7-8/10. Objectively, there was tenderness to palpation over the medial and lateral compartments. Active range of motion was full and complete. The treating physician requested additional physical therapy to transition to a home exercise program. The injured worker received 10 physical therapy sessions and should be well versed in the exercises performed during those sessions to engage in a home exercise program. There is no clinical indication/rationale for an additional 12 sessions of physical therapy for transitioning to a home exercise program. There were no compelling clinical facts in the medical record indicating additional physical therapy is clinically warranted. Consequently, absent compelling clinical documentation with a clinical rationale for an additional 12 sessions of physical therapy for transitioning to a home exercise program and compelling clinical documentation indicating additional physical therapy is warranted, 12 sessions physical therapy (2 X 6) to the left arm is not medically necessary.