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| Case Number: | CM14-0102281 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 08/13/2003 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 06/26/2014 |
| Priority: | Standard | Application Received: | 07/02/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 37-year-old female who sustained an industrial injury to the right hand, wrist, forearm, shoulder, thumb, elbow, psyche and neck on 8/13/03 due to cumulative trauma. She had right shoulder arthroscopy and rotator cuff repair on 6/28/10, right first extensor release on 11/9/11 and right ulnar nerve release and epicondylectomy on 12/9/13. X-rays of the wrists and hands taken on 6/13/11 were normal, X-rays of the elbows from 6/3/11 revealed mild degenerative changes. EMG/NCV studies revealed mild right elbow cubital tunnel syndrome. She has undergone extensive conservative therapy including 12 physical therapy sessions and according to her most recent evaluation on 8/11/14 she has just been approved for 8 more on 6/26/14 and was given a prescription to that effect. On exam there is still tenderness along the biceps noted on the right side. Diagnoses included impingement syndrome of the shoulder on the right with bicipital tendonitis status post decompression and labral tear; cubital tunnel on the right status post release; stenosing tenosynovitis along the first extensor on the right status post release; discogenic cervical condition; CMC joint inflammation of the thumb on the right status post multiple injections; secondary issues with numbness in the left upper extremity; and element of depression. The request for additional twelve (12) post-operative physical therapy visits to the right elbow was modified on 6/26/14 to eight (8) post-operative physical therapy visits between 6/26/14 and 8/10/14 as guidelines allow a total of 20 post-operative visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Twelve (12) Post-Operative Physical Therapy Visits to the Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement Page(s): 48, Postsurgical Treatment Guidelines Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow.

Decision rationale: As per MTUS Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG Guidelines allow 8-9 PT visits for elbow sprain/enthesopathy/epicondylitis over 8 weeks and post-surgical treatment of 12 PT visits for epicondylitis over 12 weeks and 20 PT visits over 10 weeks for post-surgical treatment of ulnar nerve entrapment. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing a home exercise program (HEP). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.