



## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee/employee representative, Provider)
- Medical Treatment Utilization Schedule (MTUS)

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 47 year old male who injured his right upper extremity in December 2012. At the June 14, 2013 visit, he complained of right elbow and upper extremity pain. On exam, there was tenderness of the right medial epicondyle. The diagnosis was right elbow medial epicondylitis, calcification, olecranon spur. The treatment plan stated to continue physical therapy 2 times a week for 6 weeks. There are no previous reports of his therapy from his therapist and therefore further elbow PT was denied. The issue at hand again is whether the physical therapy two times a week for six weeks, right elbow QTY: 12.00 is medically necessary and appropriate.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. physical therapy two times a week for six weeks, right elbow QTY: 12.00 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS and Official Disability Guidelines, Elbow Chapter, Physical Therapy, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 59, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As there is no previous reports from physical therapy for treatment of this condition (with detailed notes how many sessions of PT have been completed or objective progress notes) the requested service is not medically appropriate. . California Medical Treatment Utilization

Schedule (MTUS) states: "Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed program.

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