

<b>Case Number:</b>	CM13-0000932		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	06/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 44 year-old female with a date of injury of 03/15/2013. According to report dated 07/03/2013 by [REDACTED], the patient presents for reevaluation of the right elbow. Patient is attending therapy and it has been helpful. Examination of the right elbow reveals sensation is intact through all dermatomes. Palpation of soft tissue reveals tenderness over the lateral epicondyle. Range of motion is decreased and musculotendonosis dysfunction tests are positive for lateral epicondylitis with restricted contraction. X-rays taken this day show no acute or chronic abnormalities. ❧❧

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY, RIGHT ELBOW QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

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

**Decision rationale:** This presents with continued right elbow complaints. The treating physician is requesting 12 additional physical therapy sessions. For physical medicine, the MTUS

guidelines recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. In this case medical records indicate this patient received 6 sessions between 05/29/2013 and 06/17/2013. The requested additional 12 sessions and the 6 already received would exceed what is recommended by MTUS. The treating physician does not document any new injuries, exacerbation/aggravation, or any specific decline in function to warrant consideration for additional therapy. Recommendation is for denial.