

<b>Case Number:</b>	CM13-0011988		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Occupational 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 claimant injured his left elbow on 12/27/12 while lifting. He has a diagnosis of lateral epicondylitis. Physical therapy for 12 visits is under review. He has attended physical therapy since his injury and completed 14 visits as of 07/18/13. He reported 0/10 pain at rest and 2-6/10 pain with activities. He saw [REDACTED] on 06/21/13 and reported that he had tightened a bolt with a wrench and had increased pain in the left elbow. He had tenderness and additional PT was ordered. On 07/23/13, he stated that PT was helping. Additional PT was recommended. He had a PT reevaluation on 07/18/13. He was inquiring about a cortisone shot. On 07/23/13, he complained of right groin pain. There is no mention of his elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x per Week x 6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Passive Therapy Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

**Decision rationale:** Recommend modifying to one visit for HEP instruction. The history and documentation do not objectively support the request for an additional 12 visits Recommend

modifying to one visit for HEP instruction. The history and documentation do not objectively support the request for an additional 12 visits of PT for the left elbow lateral epicondylitis despite what appears to have been an exacerbation. The CA MTUS page 130 state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The ODG recommend up to 8 visits over 5 weeks followed by an independent home exercise program and the claimant exhausted that recommendation. There is no evidence that the claimant was advised to do and was continuing a home exercise program which failed to benefit him. He had already attended what should have been a reasonable number of PT visits sufficient for him to learn a home exercise program and there is no clinical information that warrants the continuation of PT for an extended period of time. There is no evidence that the claimant remained unable to complete his rehab with an independent HEP. A modification to 1 visit for HEP training as needed for his exacerbation, however, would be a reasonable alternative. The medical necessity of the additional visits has not been clearly demonstrated.