

Case Number:	CM13-0042863		
Date Assigned:	12/27/2013	Date of Injury:	04/07/2011
Decision Date:	02/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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. 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 35-year-old female who reported a work related injury on 04/07/2011, as the result of repetitive motion to the right upper extremity. The patient presents with a diagnosis of right lateral epicondylitis. The patient has completed 6 session of therapy in 07/2013 and 3 more physical therapy sessions in late 08/2013. The clinical note dated 10/21/2013 reports the patient was seen under the care of [REDACTED]. The provider documents exam of the right elbow revealed minimal tenderness to palpation at the lateral epicondyle and a negative Cozen's maneuver. The provider documents the patient is tender to palpation over the intersection of the extensor carpi radialis brevis and extensor carpi radialis longus, otherwise distally neurovascularly intact to the right upper extremity. The provider reports the patient was focally tender also along the muscle bellies of the medial and volar forearm. The provider documented prescribed were rendered for Flexeril, Ultram, Etodolac, and physical therapy at 2 times a week for the next 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy sessions, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines- Lateral epicondylitis/Tennis elbow.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The clinical documentation submitted for review reports the patient recently had utilized 9 sessions of physical therapy for her diagnoses of epicondylitis to the right upper extremity. At this point in the patient's treatment, over 2 years status post her work related injury, continued utilization of an independent home exercise program would be indicated. California MTUS notes, to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given all of the above, the request for additional physical therapy sessions, 2 times a week for 6 weeks is not medically necessary or appropriate.