

Case Number:	CM13-0043804		
Date Assigned:	12/27/2013	Date of Injury:	04/19/2012
Decision Date:	02/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 32 year-old woman who reported injury on 04/19/2012. The mechanism of injury was stated to be cumulative trauma. The patient was noted to have altered mechanics with her left shoulder girdle at least 3 inches higher than her right shoulder girdle. The patient was noted to have multiple myofascial trigger points in the cervical paraspinal muscles and trapezius muscles. The patient's reflexes were noted to be 2+ and symmetric at the biceps, triceps and brachioradialis. The patient was noted to have hypesthesia in the C7 dermatome. The patient's diagnosis was noted to be lateral epicondylitis. The request was made for 6 sessions of physical therapy for bilateral upper extremity pain due to epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Sessions for Bilateral Upper Extremity Pain due to Epicondylitis:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had tenderness in the medial and lateral epicondyles of both upper extremities, left side greater than right. The clinical documentation submitted for review indicated the patient was having altered mechanics with the left shoulder and the patient was noted to have hypesthesia in the C7 dermatome. The patient was noted to have undergone previous physical therapy 6 sessions; however, there was a lack of documentation indicating the part of the body these 6 sessions were prescribed for. Additionally, there was a lack of documentation of objective functional benefit received from physical therapy and remaining functional deficits. Given the above, and the lack of documentation, the request for 6 physical therapy sessions for bilateral upper extremity pain due to epicondylitis is not medically necessary.