

Case Number:	CM13-0048665		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2013
Decision Date:	02/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/06/2013

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 and 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 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 30 year old male with date of injury 05/14/2013. Patient has diagnoses of tricep tendinosis and tenosynovitis with bicep strain, right elbow. According to report dated 09/24/2013 by [REDACTED], patient presents with decreasing tenderness, improved range of motion and strength. He reports that the patient has completed 14 visits of physical therapy to date. Objective findings show tenderness to palpation along the insertional aspect of the distal triceps. Active range of motion is within normal limits. Strength is 4+/5. The opposite side was also examined and showed no tenderness or swelling and a full range of motion. The treater is requesting for 8 additional physical therapy visits for the right elbow. There are no physical therapy notes provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 4 week right elbow: Upheld

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

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

Decision rationale: The patient has diagnoses of tricep tendinosis and tenosynovitis with bicep strain, right elbow. Medical reports show that the patient has completed 14 physical therapy visits as of 09/24/2013. Unfortunately, physical therapy were not available for review. [REDACTED] indicates on 12/17/2013, the patient experiences "some relief when physical therapy was occurring regularly." MTUS guidelines do not allowed for continued maintenance therapy just for subjective symptom relief. For a diagnosis of myalgia/myositis type of symptoms/diagnoses, MTUS allows for 9-10 visits over 8 weeks and transition into home exercise program. The current request for additional 8 therapy sessions exceeds what is allowed for this type of condition. Recommendation is for denial.