

Case Number:	CM13-0049849		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2013
Decision Date:	03/11/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/08/2013

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, 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 55-year-old female who reported an injury on 05/04/2013. The patient is diagnosed with left lateral epicondylitis and rule out left lateral antebrachial cutaneous nerve hypoesthesia. The patient was recently seen by the provider on 01/21/2014. The patient reported ongoing pain in the lateral aspect of her left elbow. It is noted that the patient was actively participating in physical therapy, after receiving approval for 6 sessions. Physical examination revealed decreased range of motion with tenderness to palpation and hypersensitivity of the left lateral antebrachial cutaneous nerve. The treatment recommendations included continuation of physical therapy and a request for a steroid injection and a PRP (Platelet-rich plasma) injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy Two times a week for four weeks for the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental medicine (ACOEM Practice Guidelines, 2nd Edition (2004), Reed group/The medical Disability advisor, and Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Physical Therapy

Decision rationale: The California MTUS Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The Official Disability Guidelines (ODG) state treatment for lateral epicondylitis includes 8 visits over 5 weeks. As per the documentation submitted for review, the patient was actively participating in a course of physical therapy, and had been approved for 6 sessions. Despite participation in physical therapy, the patient continued to report high levels of pain. The patient demonstrated tenderness to palpation with decreased range of motion and hypersensitivity. The medical necessity for ongoing skilled physical medicine treatment has not been established. Additionally, the current request for physical therapy twice per week for 4 weeks, in addition to the 6 sessions previously approved, exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.