

Case Number:	CM13-0051832		
Date Assigned:	12/27/2013	Date of Injury:	10/15/2012
Decision Date:	03/18/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 36-year-old male who reported an injury on 10/15/2012 due to the use of a sledgehammer. The patient reportedly developed bilateral lateral epicondylitis. Previous treatments included physical therapy, platelet rich plasma injections, and anti-inflammatory medications. The patient's most recent clinical evaluation noted that the patient had constant bilateral elbow pain without evidence of a loss of grip strength or weakness in the hands. The patient's diagnoses included right elbow lateral epicondylitis, left elbow lateral epicondylitis, and right elbow mass. The patient's treatment plan included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy/Physical Therapy 2-3 times week for 6 weeks: Upheld

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

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

Decision rationale: The requested Occupational Therapy/Physical Therapy 2-3 times week for 6 weeks is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends that patients who have received physical therapy be

transitioned into a home exercise program to maintain improvement levels obtained during skilled supervised therapy. The clinical documentation does not provide any evidence that the patient is currently participating in a home exercise program. Therefore, an additional 1 to 2 visits to assist the patient in re-establishing a home exercise program would be indicated. However, the requested 2 to 3 times a week for 6 weeks is considered excessive. As such, the requested decision for Occupational Therapy/Physical Therapy 2-3 times week for 6 weeks is not medically necessary or appropriate.