

<b>Case Number:</b>	CM13-0067123		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

This patient is a 47-year-old male with date of injury of 07/26/2010. Per treating physician's report on 10/23/2013, the patient presents with pain in the left elbow. Examination showing slightly decreased extension, some atrophy over the left forearm, weakness with left hand grip with 50, 52, 50 on the right side compared to 38, 36, 36 on the left side. Diagnosis is left elbow lateral epicondylitis status post debridement x2. Recommendation was for, The patient does remain indicated for additional physical therapy of the left hand. He had extensive surgery to the elbow which included epicondylectomy and the patient did remain with functional loss of the left forearm. Review of other reports, including 09/26/2013, makes reference to patient receiving physical therapy with temporary relief. There is a functional capacity evaluation report from 06/19/2013 which shows 5/5 normal strength in both upper and lower extremities. With the right grip strength, they were 115 pounds; left grip strength was 74 pounds. Under recommendation, the patient was able to complete all tasks given during the assessment, demonstrating good initiative and work behavior. He has demonstrated tolerance with lifting, carrying, pushing and pulling movements, is within the physical demands requirement of his job as a stacker/cashier. A 09/26/2013 report states that the patient is continuing to work with modified duty with persistent pain. The patient had surgery in the left elbow on March 2011, declared permanent and stationary on September 2011, underwent repeat surgery on February 2012, and by early 2013, released back to his regular duties with no restrictions. When returning to work, his symptoms came back; released back to modified duty, underwent physical examination and x-rays were taken. The patient presented with 5/10 pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LEFT 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents with recurrence of left elbow epicondylitis pain. Review of the reports show that the patient was repeatedly returned to work, but continues to experience pain when returning to work. The most recent increase in pain is from September 2013 and the patient was previously returned to work in early part of 2013. There is a functional capacity evaluation report from 06/19/2013 clearing the patient to return to stacker/cashier position, and this particular report indicated no significant pain in the upper extremities. However, the patient returns on September 2013 with recurrence of symptoms having returned to regular work. The current request was physical therapy 2 times a week for 6 weeks. The patient did have 2 surgeries in 2011 and 2012 for left elbow epicondylitis. The MTUS Guidelines allow 9 to 10 sessions for myalgia/myositis, neuralgia type of condition. There is no specific recommendations regarding tendinitis, but this is similar to myalgia/myositis type of muscle condition. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines, although the patient may benefit from a short course of therapy. Review of the report shows that the patient has had significant amount of physical therapy in the past and the patient may benefit from a short course. However, 12 sessions requested is excessive and exceeds what is allowed by MTUS Guidelines. The request is not medically necessary.