

<b>Case Number:</b>	CM13-0070469		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Pain Management and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 44-year-old male who reported an injury on 12/03/2012. The injured worker reportedly sustained an injury to the elbow as a result of a large metal frame falling on the top of his right upper extremity. Current diagnoses include status post right lateral epicondyle release and status post small burn on the right forearm. The injured worker was evaluated on 11/13/2013. The injured worker reported persistent right elbow pain and left hand pain. Physical examination revealed tenderness at the right lateral epicondyle with full range of motion. Treatment recommendations included continuation of physical therapy 2 to 3 times per week for 6 weeks and a followup with an internal medicine specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS FOR THE RIGHT ELBOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

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

**Decision rationale:** The California MTUS Guidelines state 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. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 18 sessions of physical therapy greatly exceeds Guideline recommendations. There is also no evidence of a significant improvement following the initial course of physical therapy. As such, the request for Physical Therapy Three Times a Week for Six Weeks for the Right Elbow is not medically necessary.

**INTERNAL MEDICINE CONSULTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), , 89-92

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There is no objective evidence provided to support the medical necessity of an internal medicine consultation. Therefore, the request for Internal Medicine Consultation is not medically necessary.