

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0070674 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 03/31/2006 |
| Decision Date: | 06/11/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 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 Occupational Medicine, 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 is a 48-year-old female with a 3/31/06 date of injury who worked as a schoolteacher. She has multiple joint complaints, most recently mainly in her knees. She was most recently seen on 1/15/14 where it is noted the patient has lost 60 pounds. She complains of pain in the left elbow and states that her hands and fingers fall asleep. Exam findings reveal tenderness at the left Final Determination Letter for IMR Case Number CM13-0070674 3 lateral epicondyle. A QME from 10/17/13 showed normal range of motion of the elbows with a Cozen's sign at the left lateral epicondyle. Her diagnosis is bilateral elbow epicondylitis. Treatment to date: medication management 11/27/13 Utilization Review denied the request for 6 sessions of outpatient PT given it was noted that the patient has had extensive courses of physical therapy but ongoing pain thus the physical therapy was deemed to not be efficacious.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY, SIX SESSIONS LEFT ELBOW: Upheld

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

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

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. This is a 48-year-old female with a 2006 date of injury. She has multiple joint complaints as well as fibromyalgia. Her pain is mainly focused around her knees at this point, and most of her conservative treatment to date has been to her knees. The documentation provided is not clear on whether this patient has had physical therapy specifically targeted to the left elbow or not. In addition, no clearly defined functional goals for physical therapy to the left elbow were outlined in any of the progress notes. A medical evaluation from 10/17/13 did not reveal any functional deficits with regard to the elbows. Given the patient's lack of functional deficits of the left elbow, the absence of goals for 6 sessions of PT not being defined, and the fact the patient's conservative treatment to date with regard to the elbow is not known, medical necessity is not met in this case.