

<b>Case Number:</b>	CM13-0072025		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	11/09/2008
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and forearm pain reportedly associated with cumulative trauma at work first claimed on November 9, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and a variety of long-acting opioids. In a Utilization Review Report of December 17, 2013, the claims administrator denied request for twelve (12) sessions of physical therapy with iontophoresis to the elbow and forearm. Despite the fact that the MTUS addresses the topic, the claims administrator also cited non- MTUS ODG Guidelines. The applicant's attorney subsequently appealed. A subsequent note of December 13, 2013 is notable for comments that the applicant is using long-acting Butrans for pain relief. Authorization for the same was sought. On December 4, 2013, the applicant was described as reporting persistent forearm and elbow pain, 6-7/10. The applicant is on Advil, Benadryl, Flector patches, Vicodin, and Zyrtec. Topamax, Flector, Vicodin, Butrans, and twelve (12) sessions of physical therapy for epicondylitis with iontophoresis were endorsed. The applicant's work status was not clearly stated; however, it was stated that the applicant was following up regarding the "pain and disability" associated with the industrial injury, implying that the applicant was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY WITH IONTOPHORESIS FOR THE RIGHT ELBOW/FOREARM, TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC ELBOW PROCEDURE SUMMARY (LAST UPDATED 05/07/2013).

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend nine to ten (9 to 10) sessions of physical therapy for myalgias and myositis of various body parts. The 12-session course of treatment being proposed by the attending provider, in and of itself, does represent treatment in excess of the guideline recommendations. It is further noted that continued usage of passive modalities such as iontophoresis runs counter to the principles indicated in the Guidelines, which endorse active therapy, active modalities, and self-directed home exercise. Thus, the request is not certified on the grounds that the request does not conform to the MTUS parameters or principles.