MAXIMUS Federal Services

Case Number:	CM14-0000492		
Date Assigned:	01/17/2014	Date of Injury:	10/15/2012
Decision Date:	04/28/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 male patient with chronic over syndrome of both elbows. Letter of appeal form [redacted] 12/18/13 states that the patient had 12 sessions of physical therapy for the left elbow 8 months ago. He underwent surgery for right tennis elbow and is experiencing worsening of left elbow symptoms. The previous therapy made the left elbow worse and the provider does not believe that he received good quality therapy for the left side. He has a flare up of left sided symptoms and is very motivated to avoid surgery and go back to work. The patient has undergone medication, activity modification, acupuncture, cortisone injection, and physical therapy (x12 with no improvement). The patient underwent a right lateral epicondylitis debridement 10/7/13. There is documentation of a 12/16/13 adverse determination due to the fact that the patient has already completed 12 sessions with no documented improvement. This already exceeds guidelines for physical therapy for lateral epicondylitis, which is 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6, left tennis elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Physical Therapy

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines states that passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guidelines recommend 8 sessions over 5 weeks for medial epicondylitis. While the letter of appeal 12/18/13 provides a rationale justifying additional 6 sessions of physical therapy, the fact remains that there is no objective improvement with the previously completed 12 sessions and the patient has already exceeded guideline recommendations for therapy for epicondylitis. Without evidence of objective benefit, it is not reasonable to provide additional treatment. The request is not medically necessary.