

Case Number:	CM14-0004865		
Date Assigned:	07/07/2014	Date of Injury:	10/25/2012
Decision Date:	08/14/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 56-year-old female who reported an injury after lifting a machine on 10/25/2012. The clinical note dated 12/11/2013 indicated diagnosis of bilateral elbow medial epicondylitis. The injured worker reported sharp burning bilateral elbow pain and muscle spasms. The injured worker reported the symptoms continued but the medications did offer her temporary relief of pain and improved her ability to have restful sleep. The injured worker denied any problems with the medication. The injured worker reported the pain was also alleviated by activity restrictions. On physical examination of the bilateral elbows, there was +2 tenderness over the lateral epicondyle. The injured worker described her elbow pain as frequent to constant, moderate to severe. She rated her pain 4- 8/10. The pain was aggravated by gripping, grasping, reaching, pulling, and lifting. The injured worker complained of weakness, numbness, tingling, and pain that radiated to the hand and fingers. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and ketoprofen cream. The provider submitted a request for physical therapy to the bilateral elbows. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY BILATERAL ELBOWS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS states that 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. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy and the amount of physical therapy sessions that have already been completed. In addition, the request does not indicate a time frame for the physical therapy. Moreover, there is a lack of documentation including an adequate and complete physical exam of the elbows demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. Therefore, the request for physical therapy bilateral elbows is not medically necessary.