

<b>Case Number:</b>	CM14-0101505		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/03/2009
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 and 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 46-year-old male who reported an injury 09/03/2009. The clinical note dated 05/28/2014 indicate a diagnoses of chronic right elbow medial epicondylitis and chronic left medial epicondylitis as well as chronic left supinator sprain. The injured worker reported medial sided right elbow pain and medial sided left elbow pain. The injured worker had utilized a dose pack and returned, indicating no improvement, and indicating both elbows were worse. The injured worker reported the right elbow caused pain medially and it radiated across the upper forearm to the mid radial forearm area. The injured worker reported it bothered him with gripping and any forceful activities. The injured worker reported the left medial elbow was also painful and he also complained of pain in the posterolateral elbow. On physical examination of the right elbow, there was exquisite soreness over the medial epicondyle. He had full range of motion, muscle, and flexion and extension of the elbow, as well as pronation and supination. Any gripping caused the injured worker medial elbow pain. Any pronation against resistance of the elbow caused the injured worker marked proximal forearm soreness, as well. The soreness seemed to be in the direction of the pronator muscle. The examination of the left elbow revealed moderate medial epicondyle pain and pain with gripping. There was also soreness of the post lateral elbow, just in the area of the supinator. The injured worker had exquisite pain with supination against resistance. That elbow also showed full range of motion. The physical therapy progress note dated 05/05/2014 indicated the injured worker did not report any significant improvement with physical therapy since he started therapy, and the physical therapist recommended to hold therapy until after his doctor visit. The injured worker's treatment plan included restriction and medication. The injured worker's prior treatments included physical therapy and medication management. The injured worker's medication regimen: Indocin. The provider submitted a request for physical therapy. A Request for

Authorization dated 05/30/2014 was submitted for physical therapy. However, rationale was not provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 2 x week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The request for physical therapy 2 x week for 4 weeks is not medically necessary. The California MTUS state 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. The injured worker has already had prior physical therapy and does not report any significant improvement since he started that therapy. Moreover, there is lack of documentation of the amount of sessions the injured worker has already completed to warrant additional therapy. Additionally, there is lack of a completed physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, or decreased strength or flexibility. Additionally, the completed physical therapy should have been adequate to transition the injured worker to a home exercise program where the injured worker may continue with exercises such as strengthening, stretching, and range of motion. Therefore, the request for physical therapy 2 x week for 4 weeks is not medically necessary.