

Case Number:	CM14-0106737		
Date Assigned:	07/30/2014	Date of Injury:	09/13/2012
Decision Date:	10/03/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 64 year old patient had a date of injury on 9/ 13/2012. The mechanism of injury was not noted. In a progress noted dated 4/29/2014, subjective findings included worsening pain of left elbow. On a physical exam dated 4/29/2014, objective findings included tender lateral epicondylitis, marked tenderness to palpation. There is pain with repetitive dorsiflexion of the wrist. Diagnostic impression shows left lateral epicondylitis secondary to overuse. Treatment to date: medication therapy, behavioral modification A UR decision dated 6/25/2014 denied the request for physical therapy 2x/week for 6 weeks to left elbow, stating that there was lack of documentation of functional limitations that would respond to physical therapy treatment. There were no subjective complaints of functional limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6wks for left elbow: Upheld

Claims Administrator 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), Treatment Index, 11th Edition (web), 2013, Elbow Chapter, Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) page 114 and Official Disability Guidelines (ODG) Elbow chapter

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. 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. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 8 visit over 5 weeks for lateral epicondylitis/tennis elbow. In the reports viewed, and in a progress report dated 5/20/2014, there was no discussion of subjective complaints of functional limitations that would benefit from physical therapy. Furthermore, there were no objective functional goals provided, and previous failure of conservative treatments was not noted. Therefore, the request for physical therapy 2x/week for 6 weeks #12 is not medically necessary.