

Case Number:	CM14-0010209		
Date Assigned:	06/11/2014	Date of Injury:	01/06/2011
Decision Date:	08/01/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/24/2014

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 Illinois. 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 58-year-old male who reported an injury on 01/06/2011 while coupling and uncoupling dollies on a cargo tractor on 01/06/2011. In the clinical notes dated 04/30/2014, the injured worker complained of persistent bilateral elbow pain. Prior treatments included corticosteroid injections, acupuncture, and physical therapy. In the clinical notes, it is annotated that the injured worker denied previous physical therapy for his elbows. The physical examination revealed full range of motion to bilateral elbows, wrists, and hands. There was subluxation of the ulnar nerve on the right with elbow flexion and tenderness at the lateral epicondyle bilaterally with discomfort with resisted wrist extension. There was also tenderness at the medial epicondyle bilaterally. There was a negative Tinel's at the elbows and wrists. The diagnoses included left elbow tendinitis (medial and lateral epicondylitis, bilateral by history). The treatment plan included prescribed medications of ibuprofen 800 mg, tramadol 50 mg, and Prilosec 20 mg. There was also a request for physical therapy for his elbows so that the injured worker could learn a home exercise program to manage his symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that physical 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. The Guidelines support 8 to 10 visits of physical therapy to provide instruction in a home exercise program and promote functional gains, for injured workers with neuralgia, neuritis, or radiculitis. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status. There is also a lack of documentation of the injured worker having failure of conservative therapy such as the use of NSAIDs. Additionally, in the clinical notes, it is annotated that the injured worker denied having prior physical therapy; however, it is annotated on 02/26/2013 that the injured worker participated in 12 sessions of physical therapy with no efficacy. Therefore, the request for 12 physical therapy sessions is not medically necessary.