

Case Number:	CM14-0012241		
Date Assigned:	02/21/2014	Date of Injury:	10/05/2012
Decision Date:	08/04/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/30/2014

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 is a 42-year-old female patient with a 10/5/12 date of injury. She injured herself due to a repetitive job involving grabbing and grasping. A 1/30/14 progress report indicated that the patient had continued "self-treatment" but still stayed symptomatic. She was not able to increase use of her right upper extremity. Objective findings revealed that there was discomfort with resisted repetitive dorsiflexion of the right wrists. There was also negative middle finger extension sign. There was mild tenderness to palpation over the lateral epicondyle, and patchy decreased sensation in the right upper extremity. She was diagnosed with status post repair of right lateral epicondylitis on 7/9/13. The treatment to date is medication management and physical therapy (total 28 physical therapy sessions). There is documentation of a previous adverse determination on 1/9/2014, based on the fact that there was no documentation why the patient needed to have additional physical therapy sessions beyond the guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Three (3) Times A Week For Four (4) Weeks For The Right Elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Chapter 6, page 114, Pain, Suffering, and the Restoration of Function and on the Official Disability Guidelines (ODG) Elbow chapter, Physical Therapy Guidelines.

Decision rationale: 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. In Physical Medicine Guideline, allow for fading of treatment frequency. Per ODG recommended lateral epicondylitis Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. The patient was status post right epicondyle repair on 7/9/13. However, the last progress report dated 1/30/14 indicated that the patient had "self-treatment" with no positive results. She had completed 28 physical therapy sessions. The patient had positive results, but stayed symptomatic. ODG recommended a maximum of 12 visits of physical therapy sessions. In addition, the proposed number of visits in addition to the number of visits already completed would exceed guideline recommendations. There is no specific rationale provided as to why the patient needs excessive physical therapy outside of guideline recommendations. After 28 physical therapy sessions, the patient should be compliant with an independent home exercise program. Therefore, the request for physical therapy three (3) times a week for four (4) weeks for the right elbow was not medically necessary.