

Case Number:	CM14-0014269		
Date Assigned:	02/26/2014	Date of Injury:	08/31/2011
Decision Date:	08/11/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational Medicine and is licensed to practice in. 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 patient is a 41-year-old female who has submitted a claim for medial epicondylitis, persistent pain and stiffness over right elbow, wrist, and hand associated with an industrial injury date of 08/31/2011. Medical records from 07/30/2013 to 03/11/2014 were reviewed and showed that patient complained of persistent dull, aching pain graded 8-9/10 over the right elbow, forearm, wrist, and hand. Physical examination revealed absence of edema and regional atrophy over the right elbow, forearm, wrist and hand. No tenderness upon palpation of the right medial and lateral epicondyle, forearm flexor and extensor musculature, anatomical snuffbox, and hand was noted. Full range of motion of the right elbow and wrist was noted. Intact muscle strength grade of 5/5 and 2+ motor reflexes of the right upper extremity were noted. Phalen's, Tinel's (right elbow and wrist), and Finkelstein's tests were negative on the right upper extremity. There were no sensory deficits noted on the right upper extremity. EMG-NCV study of the right upper extremity on 10/31/11 was unremarkable. Treatment to date has included 18 completed visits of physical therapy, 12 completed visits of acupuncture, Home Exercise program, use of a splint, cortisone injection to the fingers, ice applications, Lidoderm patch QD, Ibuprofen 600mg TID-QID with food or milk, #40, and Biofreeze muscle gel QID. Utilization review, dated 01/21/2014, denied the request for six visits of physical therapy at two times a week for three weeks to the right elbow because the objective findings did not reveal significant neurologic deficits in the right elbow to be addressed by the requested treatment. Additionally, objective evidence to show that the previous therapy treatment resulted to significant improvement was not presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

(6) Physical Therapy sessions 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 Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Section, Physical Therapy.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Moreover, physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Official Disability Guidelines recommend 8 visits over 5 weeks for medial epicondylitis/golfer's elbow. In this case, the patient has completed 18 visits of physical therapy with no objective evidence of significant improvement as stated on the UR dated 01/21/2014. The most recent progress report documented that patient currently has no new numbness or weakness noted. The patient reported absence of biomechanical work restrictions. Objective findings revealed that there were no neurologic deficits or evidence of functional limitation in the right upper extremity. Moreover, CA MTUS Guidelines clearly state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is unclear as to why additional supervised physical therapy sessions are needed. Therefore, the request for ADDITIONAL PHYSICAL THERAPY (PT) TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE RIGHT ELBOW is not medically necessary.