

<b>Case Number:</b>	CM14-0014540		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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, has a subspecialty in Pain Management 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 51-year-old-male sustained industrial injury 10/31/2012. The patient was injured while working as a bus driver while at work he was making a right turn and felt popping of left forearm with swelling noticed around. The patient complains of left forearm pain, radiating up to the elbow and shoulder and down to the hand and fingers. The pain is described as constant, stabbing, associated with tingling sensations. The severity of his pain is reported as 7 on a 0-10 scale, 0 being no pain and 10 severe pains. The pain is aggravated by gripping, grasping, reaching, pulling, lifting, and doing torquing motions. The pain is alleviated by rest, medications, physical therapy and activity avoidance. On examination of upper extremities there was tenderness on palpation of the lateral epicondyle of the left elbow. A Cozen's test was positive on the left and gross muscle testing revealed there is grade 4 muscle weakness in left elbow flexion and extension. A musculoskeletal exam revealed that the left elbow is tender at the Lateral epicondyle. An MRI dated 12/19/12 of left elbow revealed a 9.4 mm focal chondral defect within trochlea with adjacent marrow edema. Common extensor tendinosis (lateral epicondylitis). Humeral ulnar and radiocapitellar joint effusions. Neurodiagnostic studies reveals: Electro-Neurodiagnostic nerve conduction and somatosensory evoked potential study report of the upper extremities performed 12/21/12 revealed findings consistent with a right radial neuropathy, right carpal tunnel syndrome, and bilateral ulnar neuropathies. An electro-neurodiagnostic electromyography study report of the cervical spine and upper extremities performed 12/21/12 revealed normal electromyography study. Medications given to patient included Ibuprofen 200 mg. The patient's diagnoses were left elbow sprain/strain and left elbow lateral epicondylitis. The patient's treatment plan included Polar frost 150ml 5 oz gel tube apply to lower back 2-3 times daily as needed, physical therapy x 8 visits and MRI of the left elbow. The UR denied requests for the MRI of left elbow and 8 physical therapy visits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 MAGNETIC RESONANCE IMAGING (MRI) OF LEFT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

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

**Decision rationale:** Per ACOEM guidelines, the imaging studies may be considered medically necessary when the results will substantially change the treatment plan, evidence of red flags, failure to progress in a rehab program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment. In this case, the injured worker had MRI dated 12/19/12 which was diagnostic. Furthermore, there is no evidence of any new injuries, failure to progress in a rehab program, neurological dysfunction or red flag signs. Therefore, the medical necessity of the request cannot be established based on the clinical information and guidelines.

### **8 PHYSICAL THERAPY VISITS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (acute & chronic).

**Decision rationale:** As per California MTUS guidelines, physical medicine 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 recommend 8-9 visits for sprains/strains and epicondylitis, over 5-8 weeks period. The records indicate that the injured worker has already received physical therapy; however, there is no documentation of any significant improvement in pain or function with prior treatment. There is no mention of any specific reason for additional physical therapy. Furthermore, the injured worker should have been well versed in home exercise program by now. Also, additional physical therapy visits would exceed the guidelines recommendations. Therefore, the request is considered not medically necessary and appropriate per guidelines.