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| Case Number: | CM14-0016666 | | |
| Date Assigned: | 03/05/2014 | Date of Injury: | 08/04/2013 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, 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 Physician 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 49-year-old female who reported an injury on 08/04/2013. The mechanism of injury was not stated. Current diagnosis is bilateral lateral epicondylitis. The injured worker was evaluated on 01/21/2014. The injured worker reported bilateral elbow pain. Physical examination revealed full range of motion of bilateral elbows, tenderness over the lateral epicondyle on the right, and pain with resisted wrist and middle finger dorsiflexion bilaterally. Treatment recommendations included initiation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EVAL AND TREAT, THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR BILATERAL ELBOWS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The California MTUS Guidelines indicate that active 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. Treatment for

myalgia and myositis, unspecified includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds Guideline recommendations. Additionally, the injured worker's physical examination revealed full range of motion of bilateral elbows with only tenderness to palpation on the right. There was no evidence of a significant musculoskeletal or neurological deficit. There was also no mention of objective functional improvement as a result of previous physical therapy. As such, the request for PHYSICAL THERAPY EVAL AND TREAT, THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR BILATERAL ELBOWS is non-certified.