

Case Number:	CM14-0128848		
Date Assigned:	08/18/2014	Date of Injury:	01/31/2014
Decision Date:	10/20/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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 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:

According to the records made available for review, this is a 33-year-old female with a 1/31/14 date of injury. At the time (7/9/14) of request for authorization for Physical therapy 2x3 right elbow/forearm, there is documentation of subjective (continued right elbow and forearm pain with numbness and tingling) and objective (tenderness to palpation over the right lateral and medial epicondyles and brachioradialis, diminished strength of the right elbow and forearm, and limited range of motion of the right elbow/forearm with pain upon applied resistance of wrist extension) findings, current diagnoses (right elbow strain, right lateral and medial epicondylitis, and right forearm tendinitis), and treatment to date (6 physical therapy sessions with increased activities of daily living and improved pain levels, function, strength, and range of motion). There is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 right elbow/forearm: Upheld

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

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, Physical therapy

Decision rationale: The MTUS Chronic Pain Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The ODG recommends a limited course of physical therapy for patients with a diagnosis of elbow strain and epicondylitis not to exceed 9 visits over 8 weeks. The ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right elbow strain, right lateral and medial epicondylitis, and right forearm tendinitis. In addition, there is documentation of at least 6 physical therapy sessions completed to date. Furthermore, given documentation of increased activities of daily living with improved pain levels, function, strength, and range of motion as a result of previous physical therapy treatments, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of physical therapy provided to date. However, given that the proposed number of sessions, in addition to the sessions already completed, would exceed guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.