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| <b>Case Number:</b>   | CM14-0129742 |                              |            |
| <b>Date Assigned:</b> | 08/20/2014   | <b>Date of Injury:</b>       | 12/25/2013 |
| <b>Decision Date:</b> | 09/23/2014   | <b>UR Denial Date:</b>       | 07/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/14/2014 |

### 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, and is licensed to practice in Illinois. 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 49-year-old male who reported an injury on 12/25/2013. The mechanism of injury was not provided. On 07/09/2014, the injured worker presented with complaints related to the left elbow. Upon examination, there was minimal medial tenderness over the medial musculature of the left elbow. The range of motion values for the left elbow revealed 130 degrees of flexion, 0 degrees of extension, 80 degrees of supination, and 80 degrees of pronation. There was no tenderness over the radial head. There was intact sensation to light touch and pinprick in all dermatomes of the bilateral upper extremities. The Phalen's, Tinel's, and Finkelstein's tests were all negative. Diagnoses were left medial epicondylitis. Prior therapy included medications. The provider recommended physical therapy, 12 sessions to the left elbow. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Evaluation to treat left Elbow 12 sessions.:** 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.

**Decision rationale:** The requested physical therapy evaluation to treat the left elbow, 12 sessions, is not medically necessary. The California MTUS states 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. The provider's request for 12 sessions exceeds the guideline recommendations. In addition, injured workers are instructed and expected to continue active therapy at home, and there is no significant barrier to transitioning the injured worker to an independent home exercise program. As such, the request for PHYSICAL THERAPY (PT) EVAL AND TREATMENT OF LEFT ELBOW 12 SESSIONS are not medically necessary.