

<b>Case Number:</b>	CM14-0132954		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	01/06/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 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:

The injured worker is a 58-year-old male with an original industrial injury on January 16, 2011. The mechanism of injury occurred when the patient was coupling and uncoupling dollies to his cargo tractor. The patient carries a diagnosis of medial epicondylitis. Conservative therapies to date have included acupuncture, activity modification, physical therapy for the shoulders, and pain medication. The documentation indicates that the patient has not had a previous physical therapy to the elbow region. The request that is under dispute is for elbow physical therapy. The utilization review process had noncertified this request, citing that there was a lack of objective functional deficits of the elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy for the left elbow, twice weekly for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 98 - 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Physical Therapy

**Decision rationale:** In the case of this injured worker, the duration of physical therapy for this worker's diagnosis is not adequately addressed by the CA MTUS Chronic Pain Medical Treatment Guidelines and therefore additional guidelines are utilized. With regard to elbow epidondylitis, the Official Disability Guidelines recommends a total physical therapy course of 9 visits for sprains/strain of the elbow. Given that the latest request exceeds this recommendation, this request is not medically necessary.