

<b>Case Number:</b>	CM14-0147756		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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:

Clinical summary: The patient is a 54 year old male who was injured on March 12, 2013. The mechanism of injury is unknown. He has been treated conservatively with 20 visits of physical therapy (based on 04/18/2014 progress note). His medication history included ibuprofen. Diagnostic studies revealed MRI arthrogram right elbow dated 4/1/14 indicates status post biceps tendon repair at its attachment onto the radial tuberosity with thickening and intermediate to high signal intensity proximal to the attachment; suspicious for tendinopathy and recurrent partial tear; Partial tear of the origin of the common extensor tendons consistent with lateral epicondylitis. Progress report dated 04/18/2014 indicated that physical therapy 2 times a week for 4 weeks and a platelet rich plasma injection to the elbow was requested. Progress report dated 05/30/2014 indicated that physical therapy 2 times a week for 6 weeks was requested with treatment goals of increased ROM/flexibility, increased strength and increased function of right upper extremity. 06/09/2014 - PT note indicated that the manual muscle test of the right elbow was decreased (3/5 when compared to the left, 5/5) and flexion of the right elbow was limited to 130 degrees (normal 160 degrees). The patient received paraffin bath therapy to R elbow, electrical stimulation therapy (20 minutes to R forearm and upper arm -H wave), iontophoresis to R lateral epicondyle (60mApm x3.0mA) and ultrasound therapy to right epicondyle. Progress report dated July 11, 2014 indicates the patient presented with complaints of constant pain radiating from the right elbow to the shoulder and is worsened with twisting, pushing, or repetitive use due. He rated his pain as 6/10. He has noted increased pain and a burning pain into the forearm with repetitive use as well. He has undergone therapy and medication without significant improvement. The patient was currently taking Ibuprofen. On examination of right shoulder, he demonstrated forward flexion to 170; external rotation to 60 and internal rotation to 80 degrees. There is mild pain with resisted internal rotation and mild tenderness along the

proximal biceps tendon and subscapularis muscle. On examination of the right elbow, the patient demonstrated significant tenderness and pain along the biceps insertion at the radial head as well as pain along the posterior elbow just distal to the lateral epicondyle, along the anconeus and olecranon. He had pain with resisted extension of the elbow as well as supination and engaging the biceps tendon. The patient was diagnosed with right elbow tendinitis, significant lateral epicondylitis, and biceps. The patient was recommended for physical therapy to the right upper extremity twice a week for 6 weeks. Prior utilization review dated August 15, 2014 indicates the request for additional physical therapy 2 x wk x 6 wks, right upper extremity was denied as medical necessity had not been established.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional physical therapy 2 X Wk X 6 Wks, right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines, Elbow Chapter, Forearm, Wrist, and Hand Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand chapter, ODG Physical/occupational therapy guidelines

**Decision rationale:** Per ODG Physical/Occupational therapy guidelines and Chronic Pain Medical Treatment Guidelines Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. It is to be noted that the patient underwent therapy without significant improvement as indicated on 04/18/2014 progress note. Also, the dates and number of visits are unclear. There is no documentation to indicate that an objective assessment of functional improvement with therapy was beneficial. The requested number of physical therapy visits in addition to prior visits, without any noticeable exceptional factors, exceeds the recommended duration. Hence, based on these facts, the above mentioned guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.