

<b>Case Number:</b>	CM14-0154154		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Management 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:

This is a patient with a date of injury of September 14, 2010. A utilization review determination dated August 29, 2014 recommends noncertification for 8 visits of physical therapy for the right elbow and psych treatment. Noncertification of physical therapy was recommended due to lack of objective functional deficits and noncertification of psych was due to the patient having previously had 21 sessions of cognitive behavioral therapy. A progress report dated August 13, 2014 identifies subjective complaints of vertigo, pain, and weakness. The patient is seeking psychological treatment with her health insurance provider and admits that she is thinking about suicide. She contracts for safety and states that she is not going to hurt herself or anyone else. The note indicates that the patient has previously gone through physical therapy in 2013. Physical examination findings have nonspecific findings related to the elbow, and apparently normal range of motion. There is reduced strength with right elbow flexion and extension. Diagnoses include post op right elbow lateral epicondyle ectomy, acute depression, anxiety, and stress, medial and lateral epicondylitis on the right, right shoulder MLI, sleep deprivation, stress, anxiety, and depression. The treatment plan recommends "psych treatment with medication and therapy." Additionally, physical therapy for the right elbow and home therapy are recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy one (1) time a week for eight (8) weeks for the right elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Physical Therapy

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient is already undergone, making it impossible to determine if the currently requested sessions exceed the maximum number recommended by guidelines. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

**Psych treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions

**Decision rationale:** Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, it appears the patient has undergone numerous psychological treatments in the past. The requesting physician indicates that the patient is currently seeing a psychologist or psychiatrist. The current request is for "psych treatment." It is unclear exactly what this is referring to. This may mean psychiatric consultation, psychological consultation, cognitive behavioral therapy, biofeedback

training, or psychiatric medication management. It is unclear why this treatment is being requested in addition to the treatment that the patient is already obtaining for her psychiatric condition. Additionally, due to the vague nature of the request, it is impossible to identify what the treatment goals may be for the "psych treatment." In the absence of clarity regarding those issues, the currently requested "psych treatment" is not medically necessary.