

<b>Case Number:</b>	CM14-0032677		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Orthopedic Surgery 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 31-year-old female injured on 1/20/2012. The mechanism of injury was noted as a right elbow injury while assisting a client. The most recent progress note, dated 11/15/2013, revealed intermittent pain in the right elbow, rated 6/10. Pain was made worse by activities of daily living and was relieved by rest, physical therapy, and medication. The physical examination demonstrated tenderness noted over the right cubital tunnel and medial elbow, Grade IV muscle weakness in the right elbow, in all planes of movement. There was decreased sensation over the right elbow, positive Tinel's and positive elbow flexion test. Diagnostic imaging studies included an electrodiagnostic study of the right upper extremity on 3/21/2012, which described a pattern consistent with right sided cubital tunnel, carpal tunnel syndrome, and possible brachial plexopathy. An EMG showed findings consistent with possible bilateral C5 radiculopathy. On 3/18/2012, an MRI of the right elbow revealed findings consistent with lateral epicondylitis. Previous treatment included physical therapy, medications such as pain relieving cream, bracing, and rest. A request had been made for physical therapy treatment and was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TREATMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601, Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 433-434 and page 437.

**Decision rationale:** The notes by the orthopedic surgeon, dated 11/15/2013, stated the patient has undergone extensive conservative care, bracing, medications, and continues to be symptomatic. Surgical intervention was recommended. According to the ACOEM guidelines, physical therapy should document objective evidence of functional improvement in order to justify continued care. It is reasonable to expect, that if a particular treatment is going to be beneficial for the patient, those beneficial effects should be evident within the first 2-3 visits. Continuing with the treatment that has not resulted in objective improvement is not reasonable. Therefore, the requested physical therapy is not medically necessary.