

Case Number:	CM14-0038316		
Date Assigned:	06/25/2014	Date of Injury:	07/26/2013
Decision Date:	07/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/01/2014

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 & 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 39-year-old female who reported an injury on 07/26/2013. The mechanism of injury was due to cumulative trauma. On 01/14/2014, the injured worker presented with complaints of constant aching, burning, and pain to the right arm. She reported heaviness on her right thumb and middle finger and radiating pain in the forearm to the biceps and right elbow. Upon examination of the elbow and forearm there was tenderness over the medial epicondyle and the medial aspects of the distal half of the right arm. There was also tenderness over the right lateral elbow and distal lateral aspects of the right arm and elbow, and tenderness over the proximal extensor muscles on the right. Range of motion values of the bilateral elbows were 0 degrees of extension, 130 degrees of flexion, 80 degrees of supination, and 80 degrees of pronation. Prior therapy included physical therapy and medications. Diagnoses were lateral epicondylitis and medial epicondylitis. The provider recommended physical therapy 3 times a week for 4 weeks for the right elbow. The physician'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 3x4 right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The California MTUS state 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 therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There was lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines allow for up to 10 visits over 4 weeks, the amount of physical therapy visits that have already been completed was not provided. The provider's request for additional physical therapy 3 times a week for 4 weeks exceeds the guideline recommendations. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore, the request for physical therapy 3x4 right elbow is not medically necessary.