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| <b>Case Number:</b>   | CM14-0044771 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 12/17/2011 |
| <b>Decision Date:</b> | 08/12/2014   | <b>UR Denial Date:</b>       | 03/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2014 |

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of December 17, 2011. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for eight sessions of outpatient physical therapy for the elbow, citing the MTUS-adopted ACOEM Guidelines in Chapter 10 in favor of the MTUS Chronic Pain Medical Treatment Guidelines. The claims administrator stated that the applicant had received previous therapy without improvement. The applicant's attorney subsequently appealed. A February 19, 2014 progress note is notable for comments that the applicant reported persistent 5-10/10 bilateral upper extremity pain with derivative complaints of fatigability, poor concentration, restlessness, and depression. The applicant was using Mentherm gel, it was stated. 5/5 bilateral upper extremity strength was noted with tenderness appreciated about the right elbow lateral epicondyle. Psychological therapy was sought. The applicant was placed off of work, on total temporary disability. Multiple progress notes interspersed throughout 2014 were notable for comments that the applicant remained off of work, on total temporary disability. On March 19, 2014, the attending provider stated that the applicant had had 24 to 30 sessions of physical therapy overall and that additional physical therapy was being sought. The applicant was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Outpatient physical therapy to the right elbow , 2 x4 weeks, submitted diagnosis lateral epicondylitisbetween 3/5/2014 and 4/19/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99.

**Decision rationale:** The applicant has already had prior treatment (24 to 30 sessions, by self report), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS for myalgias and myositis of various body parts, the issue reportedly present here. In this case, there has been no demonstration of functional improvement as defined in MTUS 9792.20f which would support further treatment beyond the guidelines. The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including topical compounded drugs and psychotherapy. All of the above, taken together, imply a lack of functional improvement despite 24 to 30 earlier sessions of physical therapy for the elbow in question. Therefore, the request for additional physical therapy is not medically necessary.