

Case Number:	CM14-0046324		
Date Assigned:	07/02/2014	Date of Injury:	09/10/2013
Decision Date:	08/26/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehab 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 47-year-old male who reported an injury on 09/10/2012. The injury reportedly occurred when he struck his right elbow on a door at work. His diagnoses include right elbow lateral epicondylitis and status post extensor tendon release. His past treatments were noted to include 9 visits of physical therapy and medications. His surgical history included an extender tendon release on 10/18/2013. On 11/13/2013, the injured worker presented with complaints of pain in the right elbow, rated 2/10 to 3/10. His physical examination revealed a well healed incision at the right elbow and decreased range of motion in extension by 30%. His range of motion was also noted to be decreased in flexion to 100 degrees and in supination to 60 degrees. It was noted that he was to begin physical therapy the following day. At his followup visit on 03/25/2014, the injured worker reported right elbow pain rated 8/10. It was noted that he had completed 9 physical therapy visits. His physical examination revealed his range of motion had improved to 90% of normal in flexion and extension. He was also noted to have decreased grip strength in the right upper extremity at 20 kg compared to 40 kg in the left upper extremity. His medications included naproxen, ranitidine, and gabapentin. The treatment plan included physical therapy 2 times a week for 6 weeks and acupuncture 2 times a week for 6 weeks. A clear rationale for the requested physical therapy and acupuncture was not provided in the medical records. The Request for Authorization forms for physical therapy and acupuncture were submitted on 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks to the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: The request is not medically necessary. According to the California MTUS Postsurgical Guidelines, physical therapy following surgery for lateral epicondylitis may include a total of 12 visits over 12 weeks. The guidelines also state that after initial trial, physical therapy visits may be extended up to the total number requested with documented evidence of objective functional gains. In addition, the guidelines state that the postsurgical physical medicine treatment period following the surgery is 6 months. The clinical information submitted for review indicated that the injured worker underwent surgery for right elbow lateral epicondylitis on 10/18/2013. Prior to physical therapy, his range of motion was noted to be decreased to 30% of normal in extension and to 100 degrees in flexion. However, following his initial 9 postoperative physical therapy visits, it was noted that his range of motion had improved to 90% of normal in extension and flexion. Based on this evidence of objective functional gains made with his initial 9 visits, additional physical therapy visits would be supported up to the total number specified for the surgery, which is 12 visits. However, the request for visits 2 times a week for 6 weeks in addition to the previously completed 9 visits exceeds the total number of visits recommended by the guidelines and the documentation did not contain exceptional factors to warrant an exception. Therefore, despite evidence of objective functional gains made with previous postoperative physical therapy visits, the request for visits 2 times a week for 6 weeks is not supported. In addition, the injured worker was noted to have exceeded the postsurgical physical medicine treatment period at this time. For the above reason, the request is not medically necessary.

Acupuncture 2 times a week for 6 weeks to the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested service is not medically necessary. According to the California MTUS Acupuncture Guidelines, acupuncture may be used as an adjunct to physical therapy for surgical intervention to promote functional gains when pain medication is reduced or not tolerated. The guidelines further state that an initial trial may include up to 6 treatments with treatments being extended based on evidence of functional improvement after the trial. The clinical information submitted for review indicated that the injured worker had mild range of motion deficits in flexion and extension and was recommended for acupuncture treatment. However, the documentation did not indicate that his pain medication was being reduced or that he was not tolerating it. Therefore, acupuncture treatment is not supported. In addition, the request for treatment 2 times a week for 6 weeks exceeds the guideline's recommendation for no

more than 6 visits as an initial trial. For the reason noted above, the request is not medically necessary.