

<b>Case Number:</b>	CM14-0051278		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 60 year old female with a date of injury on 4/20/2011. Subjective complaints are of burning pain in the left elbow, indicating a flare-up of symptoms from work duties. Physical exam shows negative Phalen's, Tinell's, and Finkelstein's test bilateral, and normal wrist and hand range of motion. There was tenderness over the right lateral epicondyle, and no pain with resisted wrist extension. Left elbow showed tenderness at the radial tunnel and lateral epicondyle. There was no motor weakness, muscle atrophy or palpable crepitus. Records indicate that the patient has received 24 physical therapy sessions in 2011 which was helpful, and patient has continued a home exercise program, work restrictions, heating and cooling treatments, and paraffin baths. Patient has also had ultrasound treatment and one injection to the left lateral epicondyle area. Patient has not had physical therapy since 2011.

### 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 4 weeks to bilateral elbows:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** The CA MTUS indicates that during the chronic phase of injury that medical treatment for myalgia and myositis is 9-10 visits over 8 weeks, and for neuralgia or neuritis, 8-10 visits over 4 weeks. The ODG suggests for elbow/forearm strains that 9 visits over 8 weeks are recommended. For this patient, prior physical therapy was several years ago which was noted as helpful. The patient is now having a return and increase of symptoms. Therefore, the request for 8 physical therapy visits is consistent with guideline recommendations, and is medically necessary.