

Case Number:	CM14-0054816		
Date Assigned:	07/07/2014	Date of Injury:	06/01/2012
Decision Date:	08/07/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 47 year-old male with a 6/1/2012 date of injury. The mechanism of onset is repetitive trauma to bilateral elbows. He has been diagnosed with lateral epicondylitis at the left and right elbows. The 2/11/14 orthopedic report from [REDACTED] recommended PT 2x4. On the 3/11/14 report, [REDACTED] notes the patient just started PT. On 4/8/14, [REDACTED] states the patient just completed the course of PT and it helped, and decreased the pain, and the patient was now MMI/P&S. On 4/15/14 UR reviewed the 2/11/14 report and denied the PT 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 to bilateral elbows: Overturned

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): 98-9 of 127, .:

Decision rationale: The patient presents with bilateral lateral epicondylitis. This IMR request pertains to PT 2x4 requested on 2/11/14. The 4/15/14 UR letter states the patient had 12 sessions of PT, but it is not clear if this includes the 8 sessions of PT in question. The available records

show the initial orthopedic consultation with [REDACTED] was on 1/7/14 and he requested PT x8 sessions. There was no response from the carrier and on 2/11/14 [REDACTED] reiterated his request for PT 2x4. The patient started this PT around 3/11/14, and completed the courses of PT by 4/8/14. [REDACTED] states the PT helped and reduced pain, and declared the patient P&S. Then it appears that on 4/15/14 UR provided a retrospective denial of the 8 sessions of PT. There are no PT notes provided for this IMR. There is a 9/19/13 QME report from [REDACTED] that reviews records back through 3/5/13, but does not mention prior PT, but does request 12 sessions of PT while awaiting MRIs. There are no indications that the patient underwent these sessions of PT. The patient had not had PT within 6-months of the 8 sessions he started in March 2014. MTUS recommends PT up to 8-10 sessions for various myalgias and neuralgias. The patient started a course of PT x8 in March 2014, completed these in April 2014 with improvement in pain, and the physician stated the patient was now P&S. The request for 8 sessions of PT appears to be in accordance with the MTUS recommendations; therefore the request is medically necessary.