

<b>Case Number:</b>	CM14-0054989		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

This 54 year old patient had a date of injury on 6/4/2013. The mechanism of injury was not noted. In a progress noted dated 4/2/2014, subjective findings included pain at night of her left elbow, and she continues to have decreased grip and trouble turning knobs. On a physical exam dated 4/2/2014 objective findings included palpation of soft tissue tightness and tenderness over the antecubital fossa, palpation of bone minimal tenderness over the radial head. Diagnostic impression include fracture of the radial head, stiffness in the elbow, and pain in the elbow. Treatment to date includes medication therapy, behavioral modification, and physical therapy. A UR decision dated 4/10/2014 denied the request for physical therapy twice a week for 4 weeks with Astym therapy for the left elbow, stating that ODG elbow guidelines for Astym therapy are not recommended. There are no high quality published studies in peer-reviewed journals. The patient had 14 previously authorized physical therapy sessions for the elbow and the result was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twice a week for 4 weeks with ASTYM left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow chapter.

**Decision rationale:** MTUS Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. ODG Guidelines recommend up to 9 visits over 8 weeks for sprains/strains of the elbow and forearm. Astym therapy is an advanced form of soft tissue mobilization which enables clinicians to effectively initiate remodeling and regeneration of dysfunctional tissue. In the reports reviewed, it was noted that the patient has had 14 physical therapy visits in the past, with no objective functional improvements documented. Furthermore, in a progress note dated 4/2/2014, the patient is noted to work full time and can continue to do her normal and customary job duties. There was no discussion regarding the necessity of additional physical therapy with Astym. Therefore, the request is not medically necessary.