MAXIMUS Federal Services

Case Number:	CM14-0088884		
Date Assigned:	07/23/2014	Date of Injury:	10/10/2010
Decision Date:	09/26/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/12/2014

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 and is licensed to practice in Illinois. 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 50-year-old female who reported an injury of unknown mechanism on 10/10/2010. On 05/01/2014, her diagnoses included left shoulder sprain/strain with impingement and subacromial bursitis, right elbow sprain/strain with lateral epicondylitis, bilateral knee sprain/strain, right knee internal derangement status post right knee arthroscopic surgery, right knee pigmented villonodular synovitis, status post right knee arthroscopic surgery and status post right knee arthroscopic surgery for PVNS on 10/16/2013. The treatment plan included waiting to proceed with left shoulder arthroscopy, a recommendation for a left shoulder subacromial injection of Depo-Medrol, a recommendation for a right elbow lateral epicondular injection of Depo-Medrol, and physical therapy 2 times a week for 4 weeks. There was no rationale included in this worker's chart. A request for authorization dated 05/29/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 4 weeks: Upheld

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 request for physical therapy 2 times per week for 4 weeks is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. The request did not include a body part or body parts to be treated. The clinical information submitted failed to meet the evidence based guidelines for physical therapy. Therefore, this request for Physical therapy 2 times per week for 4 weeks is not medically necessary.

Right elbow lateral epicondylar injection of Depomrol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Injections (corticosteroid).

Decision rationale: The request for Right elbow lateral epicondylar injection of depomrol is not medically necessary. The Official Disability Guidelines do not recommend elbow injections of corticosteroids as a routine intervention for epicondylitis. In the past, a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persisted only for a short period of time, and the long-term outcome was poor. The evidence based guidelines do not support a steroid injection for the elbow. Therefore, this request for Right elbow lateral epicondylar injection of depomrol is not medically necessary.