

Case Number:	CM14-0095070		
Date Assigned:	07/25/2014	Date of Injury:	01/15/2014
Decision Date:	09/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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 Nevada. 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 records presented for review indicate that the injured worker is a 61 year-old female who was reportedly injured on January 15, 2014. The mechanism of injury is listed as a trip and fall. The most recent progress note, dated February 28, 2014, indicates that there are ongoing complaints of right knee pain, right shoulder pain, right elbow pain, and head pain. Current medications include ibuprofen. The physical examination demonstrated tenderness over the medial and lateral aspects of the right elbow as well as the ulnar groove. There was full range of motion of the right elbow and 4/5 muscle strength. There was a positive Tinel's test at the elbow. The examination of the right knee revealed tenderness over the anterior aspect and medial joint line. There was a positive McMurray's test and a positive drawer test. There was full right knee range of motion and 4/5 muscle strength. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a cortisone injection and oral medications. A request had been made for physical therapy two times a week for six weeks for the right elbow and was not certified in the pre-authorization process on May 28, 2014.

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 six weeks for the right elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Physical Therapy, Updated May 15, 2014.

Decision rationale: According to the Official Disability Guidelines eight visits of physical therapy are recommended for lateral and medial epicondylitis of the elbow. There is no justification provided for requesting 12 total visits. As such, the request for physical therapy two times a week for six weeks for the right elbow is not medically necessary.