

<b>Case Number:</b>	CM14-0098657		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 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 is a 64-year-old female with a date of injury of 9/13/12. The mechanism of injury was not noted. A RFA dated 5/20/14 and 5/29/14 stated the service requested is for physical therapy (PT) and occupational therapy (OT), respectively, 12 visits for the left elbow. On 4/29/14, she complained of left elbow pain, and will await appointment for surgery. Her right elbow had definite improvement. On exam, the right elbow showed well healed incision with no tenderness to palpation with restricted range of motion. The left elbow showed marked tenderness to palpation over the lateral epicondyle. There is restricted range of motion. The diagnostic impression is status post repair of right lateral epicondylitis on 5/13/13 and left lateral epicondylitis secondary to overuse. The treatment to date includes surgery and occupational therapy. A UR decision dated 5/29/14 denied the request for physical therapy 2 times a week for 6 weeks for the bilateral elbows. The physical therapy was denied because guidelines suggest that training in a home exercise program is appropriate and if unsuccessful, then a supervised plan may be necessary. There is no evidence that a home exercise plan has been attempted since this recent flare-up. Additionally, guidelines suggest a trial of 6 sessions is adequate to assess efficacy from an active care program. Therefore, there is no medical necessity for the requested 12 sessions of supervised therapy.

### 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 6 Weeks- Bilateral Elbows: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines- Online Edition - Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114.

**Decision rationale:** The California MTUS 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. The physical medicine guidelines allow for fading of treatment frequency. The ODG guidelines for the elbow state up to 3 visits contingent on objective improvement documented. Further trial visits with fading frequency up to 6 depending on further objective improvement plus active self-directed home PT. However, the patient has had surgery on the right elbow on 5/13/13, and apparently the left elbow is now causing pain. On 4/28/14 she stated her right elbow has definite improvement but her left elbow has pain. The guidelines support up to 6 visits with clearly defined functional goals, frequent assessment and modification of the treatment plan based on the patient's progress in meeting those goals. The request is for 12 PT sessions, which exceeds the 6 sessions recommended by guidelines. In addition, it is unclear if the patient needs PT for bilateral elbows or just the left elbow based on the RFA's dated 5/20/14 and 5/29/14. Therefore, the request for physical therapy 2 times a week for 6 weeks-bilateral elbows was not medically necessary.