

Case Number:	CM13-0041022		
Date Assigned:	12/20/2013	Date of Injury:	06/01/2011
Decision Date:	08/19/2015	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial injury on 06/01/2011. She has reported injury to the right hand, forearm, and elbow. The diagnoses have included medial epicondylitis of elbow; lateral epicondylitis of elbow; tendinitis; and carpal tunnel syndrome. Treatment to date has included medications, diagnostics, splinting, cortisone injection, acupuncture, physical therapy, and home exercise program. Medications have included Ketoprofen, Gabapentin, and Prilosec. A progress note from the treating physician, dated 09/23/2013, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued pain in the right hand, wrist, forearm, and elbow; she needs a new wrist brace; and she is requesting an additional six sessions of physical therapy, and she has noted improved symptoms following this treatment. The injured worker reports she has tried physical therapy, ultrasound therapy, and acupuncture with moderate pain relief; and cortisone injections in the right wrist with one week of pain relief. Objective findings included no acute distress; gait is non-antalgic; normal affect; and she is currently employed. The treatment plan has included the request for 6 physical therapy sessions for treatment of the right elbow, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Sessions for Treatment of the Right Elbow, as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the right hand, wrist, forearm, and elbow. The current request is for 6 physical therapy sessions for treatment of the right elbow, as an outpatient. The treating physician report dated 9/18/13 (30B) states, "I have encouraged the patient to stay active and engage in a regimental home exercise program. I would recommend 6 sessions per QME recommendation. She is s/p 12 total sessions of PT, she notes an improvement in her symptoms. I would like the patient to have an additional 6 sessions of PT to improve her functional capacity further." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, show the patient has received 12 sessions of physical therapy previously. In this case, the patient has received 12 visits of physical therapy to date and the current request for an additional 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, 12 visits of prior physical therapy should have allowed the patient to establish a home exercise program. The current request is not medically necessary.