

Case Number:	CM14-0120657		
Date Assigned:	08/06/2014	Date of Injury:	03/01/2014
Decision Date:	01/02/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/31/2014

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 37-year-old female patient who reported an industrial injury to the right elbow on 3/1/2014, almost 10 months ago, attributed to the performance of her usual and customary job tasks reported as cumulative trauma with no specific mechanism of injury. The patient complained of pain to the neck, pain to the right shoulder, pain to the right wrist, right hand pain, low back pain, hip pain, sleep disorder, psychiatric issues, and GI issues due to performing her usual work functions. It was noted that the patient was terminated from her job. The patient has received sessions of physical therapy and corticosteroid injection with activity modifications. The MRI of the right shoulder documented evidence of a para labral cyst, moderate supraspinatus and infraspinatus tendinosis without a high-grade rotator cuff tear, and moderate AC joint osteoarthritis. The treating diagnoses included right elbow strain/sprain rule out lateral epicondylitis status post corticosteroid injection times one; right shoulder strain/sprain rule out tendinitis, impingement, cuff tear, and internal derangement; right hand sprain/strain rule out tendinitis carpal tunnel syndrome; cervical spine strain/sprain; symptoms of gastritis; insomnia; anxiety; and cephalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow chapter

Decision rationale: The patient has been documented have received prior sessions of OT/PT for the right elbow lateral epicondylitis diagnoses on this industrial claim. The request for twelve (12) additional sessions of OT exceeded the recommendations of the CA MTUS for the treatment of the injuries stated with PT/OT. The patient is diagnosed with right lateral epicondylitis and should be in a self-directed home exercise program for further strengthening and conditioning. The patient is noted to have substantially improved with the provided PT and should be in HEP. The patient has already exceeded the recommendations of the CA MTUS and exceeded the rehabilitation time interval recommended by the CA MTUS. There is no objective evidence documented on physical examination that demonstrates the medical necessity of additional PT over the number recommended by the CA MTUS or over the participation of the patient in HEP. The request exceeds the CA MTUS recommended number of sessions of Physical/Occupational therapy on this industrial claim. The objective findings on examination were documented on 10/7/2014 with some tenderness to the right lateral epicondyle, and did not support the medical necessity for additional PT/OT to the right elbow after the provision of prior sessions of PT/OT. The CA MTUS recommend up to eight (8) sessions over 5 weeks for the treatment of elbow strain or epicondylitis with integration into a self-directed HEP. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional number of sessions of physical therapy beyond the number recommended by the CA MTUS for treatment of the elbow. The occupational therapy records document that the patient has improved functionally subsequent to the previously authorized occupational therapy and HEP. There is no provided rationale supported with objective findings on examination to support the medical necessity of additional sessions of physical therapy.