

Case Number:	CM14-0121974		
Date Assigned:	08/06/2014	Date of Injury:	12/11/2012
Decision Date:	01/29/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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 Rehab, has a subspecialty in Pain 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:

The injured worker is a 47-year-old individual with an original industrial injury on December 11, 2012. The injured worker has bilateral elbow lateral epicondylitis as the primary diagnoses. The patient also has notable trigger finger release, right carpal tunnel release, and documentation of left carpal tunnel syndrome. The injured worker has had conservative therapy with pain medications including Vicodin and naproxen. The injured worker has so far undergone eight sessions of physical therapy for the elbow. The disputed issue is a request for an additional 12 sessions of physical therapy. A utilization review determination had modified this request from 12 sessions to eight sessions.

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- for left elbow: Upheld

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

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, Physical Therapy

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. For this diagnosis, an appropriate course of elbow physical therapy for this diagnosis per the Official Disability Guidelines is 8 visits. The guidelines specifically state: "Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: 8 visits over 5 weeks." Therefore, it is reasonable to attempt further therapy, but not for another 12 visits. Therefore additional physical therapy is not medically necessary.