

Case Number:	CM14-0173312		
Date Assigned:	11/17/2014	Date of Injury:	06/21/2003
Decision Date:	01/05/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 61-year-old female who reported an injury on 06/21/2003. The mechanism of injury was not provided. The injured worker's diagnoses included left shoulder tendonitis, left elbow medial epicondylitis, and right elbow lateral epicondylitis. The injured worker's past treatments included physical therapy, medication, and injections. The injured worker's diagnostic testing included an EMG/NCV of the bilateral upper extremities performed on 11/28/2011, which revealed prolongation of the sensory motor latency of the right median nerve and of the sensory peak latency of the left median nerve. The electrodiagnostic studies of the cervical spine and upper extremities showed electrical evidence of carpal tunnel syndrome, moderate on the right, and mild on the left, and ulnar sensory neuropathy on the right. There were no relevant surgeries included in the documentation. On 08/05/2014, the injured worker complained of continued pain in her right elbow. She reported pain with lifting with the right upper extremity. She rated her current pain level as a 5/10 on a pain scale. Upon physical examination of the right elbow, the injured worker was noted with positive tenderness over the lateral epicondyle. She had positive pain with resisted wrist flexion and resisted long finger extension. She was noted with a negative Tinel's, cubital tunnel, and ulnar tunnel. Her neurovascular status was intact and motor testing was 5/5 to all muscle groups. The range of motion for the elbow was noted as normal with extension and flexion. The injured worker's medications included Diclofenac XR 100 mg, Omeprazole 20 mg, and Tramadol ER 150 mg. The request was for 18 physical therapy sessions. The rationale for the request was not clearly provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Physical therapy.

Decision rationale: The request for 18 Physical therapy sessions is not medically necessary. The California MTUS/ACOEM Guidelines state that for patients with elbow disorders, comfort is often the patient's primary concern. Nonprescription analgesics will provide proficient pain relief for most patients. If the patient's response to treatment is inadequate (i.e., his or her symptoms and activity limitations continue), pharmaceuticals, orthotics, or physical methods can be prescribed. The guidelines recommend a fading of treatment frequency from up to 3 visits per week to 1 or less with an addition of a self directed home therapy program. More specifically, the Official Disability Guidelines may recommend up to 8 visits for medial and lateral epicondylitis, 1 to 3 visits for carpal tunnel syndrome, and up to 10 visits for rotator cuff syndrome or impingement syndrome. The injured worker did complain of right elbow pain that she rated 5/10 on a pain scale. Upon physical examination, she was noted with lateral epicondyle tenderness and pain with resisted right wrist flexion and long finger extension. The guidelines generally recommend patients be formally assessed after a "6 visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. In the absence of documentation with exceptional factors, the request is not supported. Additionally, as the request was written, the desired body part for physical therapy was not specified and the number of visits may exceed the guidelines. Therefore, the request is not medically necessary.