

Case Number:	CM14-0181107		
Date Assigned:	11/05/2014	Date of Injury:	08/29/2012
Decision Date:	03/05/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/31/2014

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. 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

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:

This 55 year old female sustained a work related injury on 08/29/2012. The mechanism of injury was not made known. Physical therapy notes were submitted for review and included one session dated 02/12/2014. The injured worker was noted to have slightly less pain than in her previous physical therapy session. The number of sessions completed was not provided and functional improvement with activities of daily living was not provided. A MRI of the right elbow on 05/22/2014 revealed new mild distal triceps tendinosis and mild tendinosis of the common extensor tendon which was not significantly changed. According to a progress note dated 10/31/2014 the injured worker presented with continued pain with repetitive use on the lateral aspect of the right elbow and posterior aspect. The injured worker occasionally noted numbness and tingling into the hand. Medication regimen included Naprosyn. Physical examination of the right elbow demonstrated no gross effusion. Range of motion was full with flexion at 140 degrees, extension 0 degrees, pronation and supination 70 degrees. There was significant tenderness on the lateral epicondyle. Pain with resisted wrist and middle finger extension was noted. Overall strength was 4/5 compared to her normal left side. There was significant tenderness along the triceps insertion. There was positive pain and paresthasias with palpation at the radial tunnel. Her elbow was stable with varus stress. There was no crepitus. C5- T1 gross motor and light touch sensation was intact. Reflexes were equal and symmetrical. Diagnosis included right elbow tendinosis of the triceps insertion and common extensor origin, paresthasias and possible radial tunnel syndrome. Treatment recommendations included a functional capacity evaluation, Electromyography, medication refills and a follow up in six

weeks. There were no work restrictions. On 10/10/2014, Utilization Review, non-certified physical therapy 2 times weekly for 4 weeks, right upper extremity that was requested on 09/19/2014. The reason for the decision was not provided nor the guidelines referenced for this review. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the upper extremities, twice weekly for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain with the right elbow. The request is for PHYSICAL THERAPY 2 TIMES WEEKLY FOR 4 WEEKS, RIGHT UPPER EXTREMITY, PER 09/19/14 FORM. MRI of the right elbow 05/22/14 shows new mild tendinosis of the distal triceps and the common extensor tendon. The patient rates pain as 7/10. The patient is currently taking Naprosyn. Patient is working. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided a reason for the request. A short course of physical therapy would be indicated by guidelines given patient's symptoms. However, treater has not provided any documentation of treatment history, nor any discussion why patient requires supervised therapy. Furthermore, per progress report dated 10/31/14, "the patient can return to work without restrictions," Treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Therefore, the request IS NOT medically necessary.