

Case Number:	CM14-0189120		
Date Assigned:	11/20/2014	Date of Injury:	01/01/2008
Decision Date:	01/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/12/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 67-year-old male with a date of injury of 01/01/2008. The listed diagnoses are pain in joint, forearm, effusion of joint, upper extremity, disorder, bone/cartilage and traumatic arthropathy. According to progress report 08/18/2014, the patient presents with continued left upper extremity complaints. Physical examination findings notes "elbow non-tender at lateral elbow, negative Tinel's, sensation intact." Treatment plan recommends physical therapy for left elbow iontophoresis. The patient is currently utilizing Norco and Zanaflex. The patient reports that his condition of the left elbow is better since last visit and is requesting more physical therapy. The Utilization review denied the request on 10/24/2014. Treatment reports from 05/12/2014 through 08/18/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the 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

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

Decision rationale: This patient presents with continued left elbow pain. The current request is for physical therapy 3 times a week for 4 weeks for the left elbow. For physical medicine, the MTUS guidelines, pages 98 and 99, recommends for myalgia, myositis type symptoms, 9 to 10 sessions over 8 weeks. Review of the medical documents indicates the patient underwent 6 physical therapy sessions between 06/04/2014 and 07/11/2014 to address the patient's lumbar spine complaints. On 07/16/2014, patient had a physical therapy evaluation which included the lumbar spine and left lateral elbow complaints. The patient participated in additional 7 physical therapy visits between 7/16/14 and 08/15/2014, addressing both the low back and left elbow complaints. The physical therapy progress reports provided for review are minimal in its discussions. PT report from 08/07/2014 notes patient has continued pain at left lateral elbow. Patient was recommended to continue plan of care. PT note dated 08/15/2014 notes elbow is feeling better without "pain patch." Assessment noted "non-tender to palpate left elbow region." Plan was for patient to continue PT. In this case, the physicians request for additional 12 sessions exceeds what is recommended by MTUS. There is no rationale provided as to why the patient would not be able to transition into a self-directed home exercise program. The physician has not provided any discussion to support additional treatment; therefore, the requested additional PT for the left elbow is not medically necessary.