

Case Number:	CM14-0197353		
Date Assigned:	12/05/2014	Date of Injury:	04/14/2012
Decision Date:	01/16/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/24/2014

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:

This 53 year old male was a construction worker when he sustained an injury on April 14, 2012. The mechanism of injury was not included in the provided medical records. On September 18, 2014, the qualified medical evaluator noted that the impression of a MRI of the right elbow from December 13, 2013 was lateral epicondylitis. The injured worker was previously treated with bracing, ice/heat, stretching, occupational therapy, paraffin, ultrasound, electrical stimulation, home exercise program, and work modifications. The injured worker was given a left shoulder steroid injection on August 27, 2014, with a good result. The current medications were not included in the provided medical records. On September 26, 2014, the treating orthopedic physician noted weakness of the right elbow. The injured worker felt stiffness had improved with physical therapy. The physical exam revealed cervical paraspinal musculature with increased tone, no gross focal point tenderness or spasm. There was no swelling, warmth, or erythema of the left elbow. There was focal point tenderness in the lateral epicondyle area of the dorsal proximal forearm, without gross discomfort with wrist extension. The shoulder range of motion was mildly decreased, but improved from previously. There were still signs of shoulder impingement. Diagnoses included persistent right elbow lateral epicondylitis - improved, status post lateral epicondyle reconstruction on February 11, 2014, compensatory left elbow lateral epicondylitis - improved, rule out compensatory rotator cuff tendinopathy of the left shoulder-improving, and carpal tunnel syndrome. The treatment plan included intermittent use of the brace and additional physical therapy. Work status was temporarily totally disabled. The medical records refer to a prior course of physical therapy. The medical records show 6 sessions from May 27, 2014 to October 1, 2014. The Utilization Review noted that the injured worker had completed 20 visits of physical therapy. On October 16, 2014, the physical therapist noted decreased right elbow pain, with weakness of the right upper extremity. The physical therapist

recommended continuing the 6 remaining sessions of physical therapy. On October 30, 2014, the treating orthopedic physician physical exam revealed cervical paraspinal musculature with increased tone, no gross focal point tenderness or spasm. There was no focal point tenderness in the common extensor origin area. There was minimal discomfort with handshake and/or resisted wrist extension. The elbow range of motion was mildly limited with mild signs of impingement. The diagnoses were unchanged. The treatment plan included additional physical therapy. On October 17, 2014 Utilization Review non-certified a prescription for 8 visits (twice a week for four weeks) of physical therapy for the right upper extremity. The physical therapy was non-certified based on the injured worker had already completed 20 visits of physical therapy, which exceeded the number of recommended in the applicable guidelines. Additional visits of physical therapy would continue to exceed the number of recommended in the applicable guidelines. The California Medical Treatment Utilization Schedule (MTUS) 2009, Chronic Pain guidelines for Physical Medicine was cited.

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 4 Weeks to The Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: This 53 year old male was a construction worker when he sustained an injury on 4/14/12. Diagnoses included persistent right elbow lateral epicondylitis - improved s/p lateral epicondyle reconstruction on 2/11/14, compensatory left elbow lateral epicondylitis - improve; rule out compensatory rotator cuff tendinopathy of the left shoulder- improving; and carpal tunnel syndrome. The treatment plan included intermittent use of the brace and additional physical therapy. Work status remained temporarily totally disabled. On 10/30/14 report from the provider noted physical exam revealing cervical paraspinal musculature with increased tone, no gross focal point tenderness or spasm. There was no focal point tenderness in the common extensor origin area. There was minimal discomfort with handshake and/or resisted wrist extension. The elbow range of motion was mildly limited with mild signs of impingement. The diagnoses were unchanged. The treatment plan included additional physical therapy. Utilization Review non-certified a prescription for 8 visits (twice a week for four weeks) of physical therapy for the right upper extremity on 10/17/14. Review indicated the patient has completed 20 visits of physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic

Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 2 Times a Week for 4 Weeks to The Right Upper Extremity is not medically necessary and appropriate.