Case Number:	CM14-0198815		
Date Assigned:	12/09/2014	**Date of Injury:**	11/10/2010
Decision Date:	01/23/2015	**UR Denial Date:**	11/17/2014
Priority:	Standard	**Application Received:**	11/26/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old woman who sustained a work related injury on November 10, 2010. Subsequently, she developed chronic elbow and neck pain. Prior treatments included: physical therapy for the cervical spine, medications, and a left shoulder surgery on September 30, 2013. MRI of the left elbow dated October 26, 2012 showed marrow signal intensities were preserved at the left elbow. There was no evidence for occult fracture or osteochondritis dissecans at the level of the left elbow joint. There were fibrous thickening and mild increased signal intensity of the radial collateral ligament. There were fibrous thickening and a small focus of fluid signal intensity that was overlying the common extensor tendon. There was no definite fibrous thickening or soft tissue edema identified at the common flexor tendon. According to the progress report dated October 28, 2014, the patient has been referred to physical therapy for her cervical spine. It was recommended she continue to reduce physical therapy frequency to once a week. Physical therapy report dated October 27, 2014 indicated the patient is not experiencing significant pain at this time. The patient stated she had minimal discomfort affecting the cervical spine; however, she had persistent pain affecting the left elbow and forearm. Objective findings included: mild discomfort on palpation of the left distal clavicle. In the left forearm, there was pain on palpation of the medial and lateral epicondyle as well as the origin of the flexor and extensor muscle groups of the forearm. Pain increased with strong gripping as well as with extension and flexion of the wrist. The patient was diagnosed with left elbow medial and lateral epicondylitis, left ulnar neuropathy, neck pain with cervical disc degeneration, and shoulder pain, rotator cuff and biceps tendinitis. The provider requested authorization for 12 Physical Therapy visits for the left elbow and forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy visits for the left elbow and forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow and Forearm, Wrist & Hand Chapters

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

Decision rationale: According to MTUS guidelines, Physical Medicine is <Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)>.There are no recent objective findings that support musculoskeletal dysfunction requiring more physical therapy. The patient underwent several sessions of physical therapy without clear documentation of their efficacy on the left elbow pain and functions. There is no documentation that the patient cannot perform home exercise. Therefore, the request for12 additional Physical Therapy visits for the left elbow and forearm is not medically necessary.