

Case Number:	CM14-0202259		
Date Assigned:	12/12/2014	Date of Injury:	06/25/2014
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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 & Rehabn

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 is a 53-year-old female with a 6/25/14 date of injury, due to repetitive movements. The patient was seen on 11/04/14 with complaints of low back pain, bilateral hands pain, and pain and swelling in the right lateral elbow. Exam findings revealed decreased sensation in all right fingers and ulnar 3 left fingers to light touch. The Tinel's sign over the median nerve at the right wrist and over the ulnar nerve at the right elbow were positive. There was a slight swelling over the distal extensor tendon to the right epicondyle with moderate tenderness over the right lateral epicondyle. The progress note stated that the patient would start PT for phonophoresis/ionophoresis and stretching exercises. The diagnosis is bilateral carpal tunnel syndrome, lumbar intervertebral disc disorder with myelopathy, right lateral epicondylitis, and depression. Treatment to date: work restrictions, icing, and medications. An adverse determination was received on 11/20/14. The request for Physical Therapy for the Right Lateral Epicondylitis x12 was modified to 6 sessions given that there was a lack of documentation that the patient had a trial of PT for the right elbow since the injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Lateral Epicondylitis, x12: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Physical therapy.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition the ODG recommends up to 3 visits contingent on objective improvement documented (i.e. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of longterm resolution of symptoms, plus active self-directed home PT. For Medical treatment for Lateral epicondylitis/Tennis elbow the Guidelines recommend 8 visits over 5 weeks. However, the UR decision dated 11/20/14 modified the request for 12 sessions of Physical Therapy for the Right Lateral Epicondylitis to 6 sessions and there is a lack of documentation indicating that the patient started the treatment. In addition, given that the patient was certified for 6 sessions of PT and the Guidelines recommend the trail of 6 visits, the requested number of 12 visits would exceed the Guidelines recommendation. Lastly, there is no rationale indicating the necessity for a 12-session trial of PT for the patient. Therefore, the request for Physical Therapy for the Right Lateral Epicondylitis, x12 was not medically necessary.