

<b>Case Number:</b>	CM14-0203931		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Rehab, has a subspecialty in Pain Medicine 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 injured worker is a fifty-two year old male who sustained a work-related injury from September 1, 2011 through March 14, 2013 and on February 27, 2013. A request for eight sessions of physical therapy to the left elbow was non-certified in Utilization Review (UR) on October 31, 2014. The UR physician utilized the California Chronic Pain Guidelines in the determination. The CA Chronic Pain Treatment Guidelines recommended nine to ten visits for physical therapy over 8 weeks for myalgia and myositis and eight to ten visits over 4 weeks for neuralgia, neuritis and radiculitis. Upon review of the submitted documentation and following a discussion with the injured worker's physician, the UR physician could not determine the number of physical therapy sessions the injured worker had received. A request for independent medical review (IMR) was initiated on November 26, 2014. A review of the medical documentation submitted for IIMR included a physician's evaluation dated October 10, 2014. The evaluating physician noted that he was seeing the injured worker for the first time for an initial orthopedic consultation. The injured work had complaints of constant pain in the left elbow and used hydrocodone for relief. He complained of weakness in the right elbow and a loss of grip. The injured worker had lateral epicondyle release of each elbow of which the right elbow improved and the left elbow remained symptomatic with pain and weakness. The evaluating physician recommended imaging of the right and left elbows, continued the injured worker's medications and recommended physical therapy to the left elbow in the form of exercises. There was no documentation to support previous physical therapy to the elbow and any functional gain from the therapy in the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 4 weeks for left elbow:** Upheld

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

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

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of the total number of neither session nor the specific objective functional improvement with the previous sessions. The patient's injury is years ago and he has undergone bilateral elbow epicondylar release. The left elbow continues to bother the patient according to a progress note from 10/2014. The request for 8 sessions is not founded given the lack of comprehensive summary of prior PT. The currently requested additional physical therapy is not medically necessary.