

Case Number:	CM14-0206311		
Date Assigned:	12/18/2014	Date of Injury:	06/04/2014
Decision Date:	02/10/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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 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 40 year old male with the injury date of 06/04/14. The physician's reports do not contain much information about the patient's condition, treatment's history, etc.. Per physician's report 10/02/14, the patient has right elbow pain at 4/10, without numbing or tingling sensations. Right elbow muscle strength is 5/5. There is tenderness over lateral and medial right elbow. The diagnosis is sprain/strain elbow/forearm unspec. The patient will return to full duty on 06/11/14 with no limitation or restriction. The patient had 8 sessions of physical therapy without help. Per 09/04/14 progress report, the patient is taking Naproxen. The diagnosis is right elbow pain. Per 08/11/14 progress report, the patient still complains of right elbow pain. The patient is taking Naproxen 650mg. The utilization review determination being challenged is dated on 11/10/14. Treatment reports were provided from 06/04/14 to 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 8Wks, for the Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, elbow, Physical Therapy and on the ODG-Physical Therapy Guidelines- Sprains and strains of elbow and forearm

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

Decision rationale: The patient presents with pain in his right elbow. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The 10/02/14 physician's report indicates that the patient has 8 sessions of physical therapy without help. The 08/13/14 physical therapy progress report states that "Functional statue is improved with physical therapy. Subjective and objective findings are improving with physical therapy. Patient is progressing towards goals outlined in initial evaluation." However, even with the same report, the functional statues does not appear improving. For example, exercise category had mild limitation on 07/22/14 but had moderate limitation on 08/06/14. The gripping/squeezing category had mild to no limitation on 07/22/14 but had mild limitation on 08/06/14. Prior treatment appears to have failed and there is no explanation as to what can be accomplished with additional therapy. It would appear that the patient has had adequate therapy recently. The treating physician does not explain why the patient is unable to transition in to a home program. Furthermore, the current request for 16 sessions combined with 8 already received would exceed what is recommended per MTUS guidelines. The request is not medically necessary.