

Case Number:	CM14-0208033		
Date Assigned:	12/22/2014	Date of Injury:	09/19/2014
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice 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 worker is a 43 year old female who was injured on 9/19/14. She was diagnosed with right elbow epicondylitis and sprain/strain of right wrist/hand. She was treated with physical therapy (6 sessions), medications, heat, and wrist support. On 11/17/14, the worker was seen by her primary treating physician reporting 70% improvement of her elbow and wrist symptoms since having her physical therapy, and she showed interest in attending more physical therapy sessions. She was able to accommodate light duty at the time. Her reported pain level was rated at 4/10 on the pain scale. She was then recommended an additional 6 sessions of supervised physical therapy for her right elbow and wrist and take stretching breaks at work. Also, along with the request for the physical therapy, another request for a "physical therapy evaluation" was made without explanation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-31.

Decision rationale: The MTUS Guidelines mentions in the Elbow chapter of the ACOEM that physical therapy may be used initially for lateral epicondylitis, as long as clinical improvement is seen after the first 2-3 visits with an upper limit of 8-12 sessions over 6-8 weeks as long as functional improvement and program progression are documented. Patients with mild symptoms may require either no therapy appointments or only a few appointments, whereas those with moderate problems may require 5-6 sessions and so on. In the case of this worker, there was already 6 sessions of physical therapy completed with much success, reportedly. Additional sessions are acceptable and were approved by the UR preceding this request. The request for an "evaluation" with the physical therapist was submitted for independent review. An evaluation should have already been completed by the worker's physical therapist and is not medically necessary or applicable anymore.