

<b>Case Number:</b>	CM14-0209417		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Rehabilitation, 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 42 year-old female with a 1/04/2011 date of injury. According to the 10/16/14 orthopedic report, the patient presents with right lateral epicondylitis, 8/10 constant pain. The patient agreed to an injection due to severe pain, and she continues to work with modification, limited to 4-hours of keyboarding a day. On 12/05/14 utilization review denied PT x12 stating that the patient had 2 sessions of PT but there was no documented functional improvement. The reviewer states they reviewed the 11/21/14 orthopedic report, which apparently contained the request for PT. Unfortunately, the 11/21/14 report was not provided for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three (3) times a week for four(4) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** On 12/05/14 utilization review denied PT x12 stating that the patient had 2 sessions of PT but there was no documented functional improvement. The reviewer states they

reviewed the 11/21/14 orthopedic report, which apparently contained the request for PT. Unfortunately, the 11/21/14 report was not provided for this review.