

Case Number:	CM14-0033186		
Date Assigned:	06/20/2014	Date of Injury:	08/05/2010
Decision Date:	04/21/2015	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 & Rehabilitation

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 63-year-old male who reported injury on 08/05/2010. The mechanism of injury was a fall. The injured worker underwent physical therapy. The injured worker underwent an EMG/NCV. The injured worker underwent an MRI of the lumbar spine. The documentation of 01/28/2014 revealed the injured worker had complaints of neck and back pain. The physical examination revealed significant spasms in the lumbar paraspinal muscles. The knee and ankle reflexes were 2+ and symmetric. There was "no EHL" in the injured worker's calf. The injured worker had moderately severe spondylosis. The medications included Celebrex 200 mg once a day. The injured worker was noted to have a history of bilateral elbow tendinitis and did not want to try Voltaren gel. There was a Request for Authorization submitted for review dated 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times twelve (12) sessions for bilateral elbow tendonitis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Therapy Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously been treated for bilateral elbow tendinitis. The objective functional response was not provided. There was a lack of documentation of objective functional deficits. The request for 12 sessions of physical therapy would be excessive. Given the above and the lack of documentation, the request for Physical Therapy times twelve (12) sessions for bilateral elbow tendonitis is not medically necessary.