

Case Number:	CM14-0055398		
Date Assigned:	07/07/2014	Date of Injury:	08/10/2013
Decision Date:	01/12/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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 68 year old female with an injury date of 08/10/13. Based on the 01/07/14 progress report, the patient complains of right elbow pain. She has positive touch to palpation over the right lateral epicondyle. The 04/01/14 report states that her pain as a 9/10 with any kind of lifting, pushing, or pulling. Her right hand grip strength is zero and her left hand grip strength is 20. There is pain with resisted wrist extensions. The patient's diagnoses include the following: Right lateral epicondylitis. The utilization review determination being challenged is dated 04/10/14. Treatment reports were provided from 01/07/14- 10/28/14 (only two of these reports were prior to the utilization review date). Some of the treatment reports were hand-written, brief, and illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy for the right elbow: Upheld

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

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

Decision rationale: According to the 04/01/14 report, the patient presents with right elbow pain. The request is for eight sessions of physical therapy for the right elbow. Review of the reports does not provide any discussion regarding if the patient has had any physical therapy in the past. However, the utilization review denial letter states that the patient's past "treatment has included: physical therapy." MTUS pages 98-99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98-99 continues to state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." ODG-TWC; Physical Therapy section under the Elbow (Acute & Chronic) Chapter, recommendations for PT in Elbow, Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: 8 visits over 5 weeks Post-surgical treatment: 12 visits over 12 weeks In this case, the utilization review denial letter indicates that the patient has had physical therapy before. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. This patient's date of injury is 08/10/13. The patient has participated in an unknown number of physical therapy since then. Recommendation for additional physical therapy cannot be supported as the treater provides no discussion of why the patient would not be able to address any residual issues with a self directed home exercise program. There is no report of new injury, new surgery or new diagnosis that could substantiate the current request. The requested eight sessions of physical therapy for the right elbow is not medically necessary.