

Case Number:	CM15-0001583		
Date Assigned:	01/12/2015	Date of Injury:	05/03/2013
Decision Date:	03/09/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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 patient is a 47year old male with an injury date on 05/03/2013. Based on the 12/05/2014 progress report provided by the treating physician, the diagnoses are: 1. Right lumbar radiculopathy, rule out disc extrusion/mass effect 2. Cervical pain with upper extremity symptoms, rule out cervical disc injury 3. Right elbow internal derangement, rule out traumatic lateral epicondylitis 4. Left elbow pain. According to this report, the patient complains of '6/10 low back pain with right greater than left lower extremity symptoms; 6/10 cervical pain with right or left upper extremity symptoms; and right elbow pain, 5/10 scale.' Physical exam reveals 'tenderness at the cervical and lumbar spine. Exam essentially unchanged. Spasm lumboparaspinal musculature decreased. The treatment plan is to request reconsideration for the 12 additional physical therapy sessions, medications, and UDS. The patient's work status is 'temporarily partially disabled with no prolonged standing or walking.' There were no other significant findings noted on this report. The utilization review denied the request for 12 additional physical therapy sessions on 12/19/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 06/20/20-14 to 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right elbow, 2 times a week for 6 weeks; 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM, Chronic Pain, www.acoempracguides.org

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

Decision rationale: According to the 12/05/2014 report, this patient presents with '6/10 low back pain with right greater than left lower extremity symptoms; 6/10 cervical pain with right or left upper extremity symptoms; and right elbow pain, 5/10 scale.' The current request is for additional physical therapy for the right elbow 2 times a week for 6 weeks; 12 sessions. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In reviewing the provided reports, the treating physician indicates the 'right elbow exam unchanged' in the 09/26/14 and the 07/23/2014 reports. In this case, the available records show no therapy reports and no documentation of flare-up or a new injury of the right elbow to warrant formalized therapy. The treating physician does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request is not medically necessary.