

Case Number:	CM15-0102189		
Date Assigned:	06/04/2015	Date of Injury:	03/05/2015
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency Medicine

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 58 year old male, who sustained an industrial injury on 3/5/15. He reported initial complaints of left elbow pain. The injured worker was diagnosed as having left lateral epicondylitis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5/6/15 indicated the injured worker was in this office as a follow-up on left elbow injury. Since his last visit, he feels he has improved after physical therapy with 2 sessions remaining. He reports onset of medial elbow/posterior elbow discomfort on the previous visit with suspected triceps tendinitis, reporting intermittent episodes with no pain. A MRI was requested on this dated to assess the medial/lateral ligaments/triceps tendon. Currently, he complains of left elbow pain that is aching with pain rated at 3/10 and aggravated by any movement and relieved with medications. On physical examination, the provider notes multiple points of tenderness to palpation over the medial/lateral ligaments, posterior elbow, with minimal tenderness of the left lateral epicondyle/ECRB, tenderness to the posterior triceps. The injured worker has full range of motion, positive resisted wrist extension left with stability of joint laxity. His treatment plan includes a completion of the remaining 2 visits of physical therapy, medications management. The provider has requested authorization of additional physical therapy times 6 visits and a MRI of the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented at least 6 PT sessions (total session approved was not documented) was completed and had reported improvement in pain and function. There is no appropriate rationale as to why additional PT sessions are necessary or why home directed therapy and exercise is not sufficient. Maximum number of PT sessions recommended is 10 sessions and this request would exceed guideline recommendation. Documentation fails to support additional PT sessions. Additional 6 physical therapy sessions are not medically necessary.

MRI Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: As per MTUS ACOEM guidelines, criteria for ordering imaging studies are; the imaging study results will substantially change the treatment plan; emergence of a red flag and failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. Patient meets none of these criteria. Patient has documented improvement in pain and function. There is no documented justification for MRI. MRI of elbow is not medically necessary.