

Case Number:	CM15-0107747		
Date Assigned:	06/12/2015	Date of Injury:	05/02/2014
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/04/2015

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 injured worker is a 46-year-old female, with a reported date of injury of 05/02/2014. The diagnoses include right elbow myofasciitis and brachial radiculitis and right elbow sprain/strain, rule out derangement. Treatments to date have included oral medications, physical therapy, and work limitations. The comprehensive initial chiropractic evaluation dated 05/13/2015 indicates that the injured worker complained of continuous pain in her right forearm, at times becoming sharp, shooting, throbbing, and burning pain. Her pain traveled to her right elbow. The physical examination of the right elbow showed flexion at 140 degrees, extension at 10 degrees, supination at 80 degrees, pronation at 80 degrees, pain with all planes, positive tennis elbow test, positive Golfer's elbow test, and tenderness to palpation over the brachioradialis muscle. The treating physician requested physical therapy two times a week for 3 weeks for the right elbow. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks to the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: The patient was injured on 05/02/14 and presents with right knee pain which travels up her right elbow. The request is for Physical Therapy 2 Times a Week for 3 Weeks to the Right Elbow. There is no RFA provided and the patient is temporarily totally disabled. It appears that the patient has had prior physical therapy. MTUS pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. There is pain with all planes of range of motion of the right elbow, a positive Tennis elbow test, and tenderness to palpation over the brachioradialis muscle on the right. She is diagnosed with right elbow sprain/strain, right elbow myofascitis, and brachial radiculitis. There does not appear to be any recent surgery the patient may have had. The patient has had prior physical therapy; however, there is no indication of when all of these sessions took place or how these sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. An additional 6 sessions of therapy to the sessions the patient has already had may exceed what is allowed by MTUS guidelines. Therefore, the request is not medically necessary