

<b>Case Number:</b>	CM15-0134958		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	08/01/2010
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45-year-old female, who sustained an industrial injury on 8/1/10. She reported bilateral lateral elbow and forearm pain. The injured worker was diagnosed as having right tennis elbow. Treatment to date has included right tennis elbow release on 10/24/13, physical therapy, a home exercise program, and medication. Currently, the injured worker complains of right elbow pain that radiates to the hand and shoulder. The treating physician requested authorization for 18 sessions of physical therapy for treatment of the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Session of physical therapy for treatment of right elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in August 2010 and underwent a right lateral epicondyle release in October 2013. In March 2015 18 physical therapy treatment sessions were requested. As of 06/02/15, she was making slow progress in terms of pain and strength. There was full range of motion. A request for another 18 physical therapy treatments was submitted. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed / appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of what might be needed to finalize the claimant's home exercise program and does not reflect a fading of treatment frequency. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.