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| Case Number: | CM15-0141025 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 01/24/2015 |
| Decision Date: | 09/14/2015 | UR Denial Date: | 06/25/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

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, 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 50 year old male who sustained a work related injury January 24, 2015. While carrying boxes, he slipped and fell onto his right elbow. He received medication and four physical therapy sessions. According to a primary treating physician's report, dated May 21, 2015, the injured worker presented with complaints of intermittent moderate to sharp pain and stiffness in his right elbow, rated 5 out of 10. Objective findings included; right hand dominant, right elbow swelling with decreased range of motion, flexion 120 degrees, 140 degrees and extension 0 degrees, 0 degrees. There is tenderness to palpation of the anterior elbow, lateral epicondyle and posterior elbow and Cozen's test is positive. X-rays revealed no abnormal findings. Diagnosis is documented as right lateral epicondylitis. At issue, is a request for physical therapy for the right elbow and EMG-NCV (electrodiagnostic studies) bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right elbow: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. As such, the currently requested additional physical therapy is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: "Regarding the request for EMG and nerve conduction study of bilateral extremity, ACOEM Practice Guidelines state that the electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there is no documentation of numbness and tingling or any other neurological findings. Therefore, it is unclear how EMG and nerve conduction study would help with in managing this patient's symptoms. The currently requested EMG and nerve conduction study of bilateral upper extremity is not medically necessary".