

Case Number:	CM15-0142458		
Date Assigned:	08/03/2015	Date of Injury:	09/15/2014
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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 54-year-old female patient who sustained an industrial injury on September 15, 2014. The patient is employed as a school secretary. At a new patient visit dated December 17, 2014 reported the patient with new onset of bilateral elbow pain over the outer aspects of the elbow with a history for medial epicondylitis bilaterally treated with surgical intervention times one to the right side and three times on the left. Her current pain is localized to the lateral aspect of the elbows. The patient believes this new pains are directly related to the work she performs specifically unpacking items weighing up to 20 pounds. Objective findings showed active range of motion at elbows: flexion is 135 degrees bilaterally; extension is zero bilaterally; supination is at 90 degrees bilaterally along with pronation. The following diagnosis was applied: lateral epicondylitis of bilateral elbow. The plan of care noted the patient with recommendation to participate in 6 session of physical therapy. The doctor dispensed Ibuprofen 800mg #30, and tennis elbow braces. She is to start modified work duty today. A more recent follow up dated June 15, 2015 reported the patient with bilateral lateral epicondylitis; right side greater, which has responded to a Corticosteroid injection. Of note, the left side showed no benefit with injection. She is to proceed with previously prescribed physical therapy session. She is to continue with medications: Ibuprofen and Norco 5 325mg.

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 for bilateral elbows: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in September 2014 and is being treated for bilateral elbow pain. She completed 21 physical therapy treatments between March and May 2015. When seen, there had been improvement on the right side after an injection. The assessments references a home exercise program and prior therapy and myofascial treatments. There was minimal left lateral elbow tenderness and pain with resisted wrist extension. An additional 6 therapy sessions were requested. Guidelines recommend up to 8-therapy treatment sessions over 5 weeks for this condition. In this case, the claimant has already had in excess of the number of treatments recommended. 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 that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.