

<b>Case Number:</b>	CM15-0144132		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 67 year old male, who sustained an industrial injury on 6/30/14. He has reported initial complaints of a right elbow injury working as a maintenance man doing a kitchen sink drain job. The diagnoses have included chronic right elbow lateral epicondylitis, right olecranon bursitis and triceps tendinitis, right cubital tunnel syndrome and previous neck and left elbow industrial injuries with residuals. Treatment to date has included medications, activity modifications, consultations, diagnostics, physical therapy, acupuncture and bracing. Currently, as per the physician progress note dated 6/12/15, the injured worker has had multiple treatment modalities for the right elbow and he is not interested in surgical management, cortisone injection, or plasma injection. The diagnostics have included Magnetic Resonance Imaging (MRI) of the right elbow, x-rays of the right elbow, and electromyography (EMG)/ nerve conduction velocity studies (NCV) of the right upper extremity. The objective exam of the right elbow reveals tenderness to palpation of the lateral aspect of the right elbow, tenderness over the lateral epicondyle, resistive wrist extension test is positive, range of motion is 0-120 degrees of extension and flexion and pronation and supination are 80 degrees respectively. The previous acupuncture sessions were noted. Work status is permanent and stationary with restrictions. The physician requested treatment included Physical Therapy 2 time a week for 3 weeks to the Right Elbow. The patient had received 6 PT visits for this injury. Patient has reached at MMI. The medication list include Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x3 weeks Right Elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** Request: Physical Therapy 2x3 weeks Right Elbow. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The patient had received 6 PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical Therapy 2x3 weeks Right Elbow is not medically necessary for this patient.