MAXIMUS Federal Services

Case Number:	CM15-0144468		
Date Assigned:	08/05/2015	Date of Injury:	04/13/2013
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/25/2015

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 59 year old male who sustained an industrial injury on 04-13-2013. Mechanism of injury occurred when he was crawling in a crawl space fixing some wiring and put all his weight on his left elbow. Diagnoses include worsening left elbow epicondylitis, and a high grade common tendon tear. Treatment to date has included diagnostic studies, physical therapy and medications. He has not had surgery. He is not working. He takes Ibuprofen for pain. On 06-15-2015 a Magnetic Resonance Imaging of the left elbow showed a low grade partial tear of the common flexor tendon at the medial epicondyle, moderate to high grade partial tearing of the common extensor tendon at the lateral epicondyle, remote fracture of the radial head and coronoid process. A physician progress note dated 06-26-2015 documents the injured worker complains of left elbow pain which he rates as 8 out of 10, and his pain is worse at night. He has full range of motion. There is painful extension and rotation. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for physical therapy 3 x 4 for the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow chapter, PT guidelines for elbow.

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 (3) Elbow (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in April 2013 and continues to be treated for left elbow pain. When seen, pain was rated at 7/10. Authorization for a cortisone injection had been approved and was scheduled for the next day. Physical examination findings included decreased range of motion secondary to lateral elbow pain. Imaging findings have included a common extensor tendon tear. He was referred for 12 sessions of physical therapy. Guidelines recommend up to 8 therapy treatment sessions over 5 weeks for the treatment of lateral epicondylitis. In this case, the number of treatments being requested is in excess of the guideline recommendation. Additionally, the claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended as well. The request was not medically necessary.