

<b>Case Number:</b>	CM15-0162860		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58-year-old female, who sustained an industrial injury on 3-10-2010. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral elbow pain, spasm, DeQuervain's tenosynovitis and left lateral epicondylitis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 6-1-2015, the injured worker complains of bilateral neck, shoulder, elbow and wrist pain rated 2 out of 10 with medications and 4-5 out of 10 without medications. Physical examination showed right elbow swelling and tenderness and left elbow tenderness. The treating physician is requesting Physical therapy, 2 times a week x 3 weeks, evaluation and treatment.

### 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 x 3 weeks, eval and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Acute & Chronic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58-59.

**Decision rationale:** The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation is not recommended in carpal tunnel syndrome for chronic pain, however, the elbow is not specifically addressed. In general, the guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. The recent note in the provided records indicates that the patient had a flare in May that resulted in a positive outcome after physical therapy. While the patient may in fact benefit from some therapy, in this case, the request for a total of 6 visits is not necessary. The patient should likely be capable of a home exercise program at this time given the chronicity of pain and the prior history of multiple cycles of physical therapy. Home exercise routine per physical therapy is recommended, and therefore, a full six sessions is not considered medically necessary. Therefore, the request is not medically necessary.