

Case Number:	CM15-0168598		
Date Assigned:	09/09/2015	Date of Injury:	08/01/2010
Decision Date:	10/08/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/27/2015

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 45 year old female, who sustained an industrial injury on 8-1-10. The injured worker on 7-6-15 has complaints of her elbow is having flare up that radiates into her shoulder and would like to go to therapy. The documentation noted there is mild swelling, no gross instability full flexion and extension. The diagnoses have included right tennis elbow. Right shoulder X-rays were taken with no changes noted. Treatment to date has included right tennis elbow release on 10-24-13; lidocaine patch; tylenol; tolectin; physical therapy; home exercise program.. The documentation on 5-11-15 noted that the injured worker states her elbow when she is not using lidocaine patches, she notices severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of physical therapy for treatment of right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: After the surgery is performed, guidelines recommend up to 10 visits over 4 months with a physical medicine treatment period of 6 months. The claimant is more than 6 months status post surgery, and the chronic pain treatment guidelines apply. 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 and not medically necessary.