

<b>Case Number:</b>	CM15-0182124		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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 39 year old male, who sustained an industrial injury on 10-30-2012. The injured worker is being treated for rotator cuff sprain-strain, lateral epicondylitis and wrist tendinitis. Treatment to date has included diagnostics, medications and injections. Per the Primary Treating Physician's Progress Report dated 9-04-2015, the injured worker reported pain in the wrist and elbow with weakness. Objective findings included tenderness, swelling and restricted range of motion. Per the medical records dated 7-23-2015 and 9-04-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. There is no documentation of prior physical therapy. He is to remain off work. The plan of care included, and authorization was requested on 9-04-2015 for Celebrex 200mg #60, wrist brace and physical therapy for the wrist, shoulder and elbow. On 9-16-2015, Utilization Review non-certified the request for 8 sessions of physical therapy for the right elbow and modified the request for Celebrex 200mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a cumulative trauma right upper extremity injury with date of injury in October 2012. He is being treated for lateral epicondylitis and rotator cuff tendinitis. Treatments have included physical therapy and anti-inflammatory medication. As of 08/29/14 he had completed six physical therapy sessions. When seen, he was having wrist and elbow pain with weakness. Physical examination findings were that of restricted range of motion, tenderness, and swelling. A wrist brace was provided. Celebrex was prescribed and eight sessions of physical therapy are being requested. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib) over a non-selective medication. The request is not considered medically necessary.

**Physical therapy for the right 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-Physical therapy; ODG Physical Therapy Guidelines - General.

**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.

**Decision rationale:** The claimant sustained a cumulative trauma right upper extremity injury with date of injury in October 2012. He is being treated for lateral epicondylitis and rotator cuff tendinitis. Treatments have included physical therapy and anti-inflammatory medication. As of 08/29/14 he had completed six physical therapy sessions. When seen, he was having wrist and elbow pain with weakness. Physical examination findings were that of restricted range of motion, tenderness, and swelling. A wrist brace was provided. Celebrex was prescribed and eight sessions of physical therapy are being requested. 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 or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.

