

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0183166 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 03/11/2014 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

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 (IW) is a 46 year old female who sustained an industrial injury on 03-11-2014. Medical records indicate the injured worker was treated for lateral epicondylitis. Treatment to date has included physical therapy, MRI, elbow protector, and plasma rich protein injections. In the provider notes of 08-27-2015, the injured worker complains of pain rated a 2 on a scale of 0-10 in the lateral aspect of her left elbow. The pain is improved with Celebrex and rest. A left lateral epicondyle injection on 04-16-2015 continues to be beneficial. On exam, there is no notable asymmetry, deformity or malalignment of the elbow. Range of motion of the elbow is full and had tenderness on palpation. Neurologic function is intact. A request for authorization was submitted 08-27-2015 for: Additional Physical therapy 2 times a week for 3 weeks left elbow. A utilization review decision 09-09-2015 non-certified the request in its entirety. The patient sustained the injury due to repetitive work. The medication list include Celebrex and Norco. Patient had received PRP injection on 4/16/15

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 2 times a week for 3 weeks left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Additional Physical therapy 2 times a week for 3 weeks left 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." Patient has received an unspecified number of PT visits for this injury. 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. 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 medical necessity of the request for Additional Physical therapy 2 times a week for 3 weeks left elbow is not fully established for this patient.