

Case Number:	CM15-0185466		
Date Assigned:	09/25/2015	Date of Injury:	08/14/2015
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 47 year old male, who sustained an industrial-work injury on 8-14-15. He reported initial complaints of left elbow pain. The injured worker was diagnosed as having olecranon bursitis. Treatment to date has included medication and physical therapy. Currently, the injured worker complains of continued left elbow pain. Per the primary physician's progress report (PR-2) on 8-19-15, exam noted swollen elbow at the olecranon bursa, painful range of motion, extension is painful over 90 degrees, and flexion over 150 degrees pronation and supination are at 60 degrees. On 8-21-15, the injured worker was working modified duty with painful but increasing range of motion to the elbow. On 8-27-15, physical therapy reports painful range of motion rated 3-5 out of 10. On 9-1-15, Physical therapy reports improvement in symptoms by 10%, significant swelling persists. The Request for Authorization requested service to include Physical Therapy three times a week for three weeks, left elbow, quantity 9. The Utilization Review on 9-1-15 modified the request for Physical Therapy, left elbow, quantity 6, per.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three times a week for three weeks, left elbow, 9: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." ODG further quantifies physical therapy for the elbow with: ODG Physical Therapy Guidelines General: Up to 3 visits contingent on objective improvement documented (i.e. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long term resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Olecranon bursitis (ICD9 726.33): Medical treatment: 8 visits over 4 weeks. The patient has received 3 sessions of physical therapy session to the left elbow over the last couple of years. The treating physician notes that some improvement has been made, but lack detailed objective findings in order to determine if functional improvement, only about 10%. The UR modified the request to allow for 6 sessions which is appropriate. As such, the request for Physical Therapy three times a week for three weeks, left elbow 9 is not medically necessary as presented.