

<b>Case Number:</b>	CM15-0187438		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	04/30/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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:

This is a 50 year old female with a date of injury on 4-30-15. A review of the medical records indicates that the injured worker is undergoing treatment for a left elbow injury. Progress report dated 8-7-15 reports continued complaints of left elbow pain described as sharp, achy, burning, throbbing going into the triceps. Physical exam: left upper extremity, inspection, palpation, range of motion, stability, strength shows tenderness along the triceps. The elbow is stable with full range of motion. Work status: restricted duty no use of left extremity. Treatments include: medication, physical therapy, acupuncture and surgery. MRI of left elbow dated 8-26-15 revealed edema in the subcutaneous tissue of the posterior elbow, possibly an olecranon bursitis and small focus of increased signal between the radial collateral ligament and the common extensor tendon, which may indicate a low grade tear of either structure. X-ray shows no evidence of fracture or dislocation. Request for authorization dated 9-9-15 was made for additional physical therapy 2 times per week for 10 weeks. Utilization review dated 9-15-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in April 2015 and is being treated for left elbow pain occurring while releasing a spring brake on a motor coach. An NRI of the elbow in June 2015 was normal. Treatments have included completion or 21 physical therapy sessions as of 07/30/15. When seen, there was mostly lateral epicondyle pain. The MRI results was reviewed. No physical examination was recorded. Additional therapy is being requested. In terms of physical therapy for lateral epicondylitis, guidelines recommend up to 8 treatment sessions over 5 weeks. The claimant has already had physical therapy for this condition well in excess of that recommended. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of what might be needed to finalize the claimant's home exercise program. The request is not considered medically necessary.