

Case Number:	CM15-0187976		
Date Assigned:	09/29/2015	Date of Injury:	06/13/2014
Decision Date:	11/13/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/24/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 6-13-2014. She reported continuous trauma and injuries to the left elbow when she was hit by a moving box. Diagnoses include left upper extremity repetitive strain syndrome, left dorsal wrist ganglion cyst, history of previous left elbow fracture in 2005 with chronic residual pain in the extremity, psychosocial maladjustment with anxiety and depression, bilateral lateral epicondylitis, and left wrist De Quervain's tenosynovitis. Treatments to date include activity modification, left wrist brace, cold and hot packs, anti-inflammatory, 12 physical therapy sessions, and cortisone injections, two sessions of acupuncture, and numerous aspiration of a ganglion cyst. Currently, she complained of ongoing bilateral elbow symptoms, left greater than right. The provider documented she reported attending 8 physical therapy sessions and two cortisone injections to the left elbow with no long lasting results. The MRI of the left wrist completed on 8-25-15, was noted to reveal a complex multiseptated cystic lesion of the dorsum of the left wrist approximately 2.7cm, a low-grade partial thickness tear along the ulnar aspect of the triangular fibrocartilage complex, and a slight positive ulnar variance. On 8-28-15, the physical examination documented tenderness to bilateral epicondyles with palpation. The appeal requested authorization of eight (8) physical therapy sessions to the left elbow, twice a week for four weeks. The Utilization Review dated 9-21-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 4 weeks to the left elbow: 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): Physical Medicine.

Decision rationale: The most relevant progress report dated 8/28/15 indicates the patient has persistent complaints of bilateral elbow symptoms, left greater than right. The current request for consideration is Physical therapy 2x a week for 4 weeks to the left elbow. The attending physician report dated 8/28/15 indicates the patient had 8 previous physical therapy sessions and two elbow injections with no lasting benefit. The CA MTUS does recommend physical therapy for chronic pain at a decreasing frequency with a transition into fully independent home-based exercise. The CA MTUS recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate the patient completed 8 physical therapy sessions and had two elbow injections with no lasting results. The current request of 8 additional physical therapy sessions exceeds guideline recommendations. MTUS does allow for additional physical medicine with objective evidence of functional benefit. The available medical records do not provide evidence of increased functional benefit and as such, the request is not medically necessary.