

<b>Case Number:</b>	CM15-0189794		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	06/18/2015
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of June 18, 2015. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for six sessions of physical therapy for the elbow. An RFA form dated September 2, 2015 was referenced in the determination. The full text of the UR report was not, however, attached to the application. The applicant and/or applicant's attorney subsequently appealed. On August 13, 2015, the applicant was asked to continue physical therapy while returning to modified duty work. The applicant was described as having attended physical therapy with some improvement. The attending provider stated that the applicant's pain medications and physical therapy were beneficial. No reproducible tenderness about the elbow or epicondylar region was noted. The applicant exhibited 60 pounds of grip strength about the right hand versus 25 pounds about the left hand. It was suggested that the applicant was working with limitations in place. On September 14, 2015, the applicant was reportedly improved. The applicant was no longer having any pain. Full range of motion was appreciated with grip strength ranging from 80 to 90 pounds about the right and left hands. No tenderness about the elbow condylar region was noted. Additional physical therapy was sought. The applicant was given extremely permissive 50-pound lifting limitation and asked to perform home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 3 times per week for 2 weeks to the right elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

**Decision rationale:** No, the request for an additional six sessions of physical therapy for the elbow was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, page 26, applicants with mild elbow epicondylitis symptoms may require either no therapy appointments or only a few appointments. Here, the September 14, 2015 office visit suggested that the applicant had no residual complaints and was no longer having any pain as of that date. Well preserved grip strength in the 80- to- 90-pound range is noted about the both hands. The applicant was given an extremely permissive 50-pound lifting limitation. The applicant had already transitioned to a home exercise program, the treating provider reported on that date. The applicant's minor-to-mild complains did not seemingly warrant further formal physical therapy, as suggested in the MTUS Guideline in ACOEM Chapter 10, page 26. Therefore, the request is not medically necessary.