

Case Number:	CM15-0194338		
Date Assigned:	10/08/2015	Date of Injury:	08/20/2015
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/02/2015

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

Certification(s)/Specialty: Internal Medicine, 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 39 year old female, who sustained an industrial injury on 8-20-15. The injured worker is undergoing treatment for: lateral epicondylitis on the right. On 9-23-15, a physical therapy note indicated she reported pain when picking up or gripping objects. She rated her elbow pain 7 out of 10 and indicated the pain to be intermittent. On 9-18-15 and 10-14-15, she reported right elbow pain. Objective findings revealed full active and passive range of motion of the bilateral elbows, tenderness to the right elbow, and decreased motor strength with pronation and supination. The treatment and diagnostic testing to date has included: tennis elbow brace, medications, home exercise program, and multiple completed physical therapy sessions for the right elbow. Medications have included: Ibuprofen. Current work status: noted as "working". The request for authorization is for: physical therapy 2 times a week for 4 weeks for the right elbow. The UR dated 9-30-15: non-certified the request for physical therapy 2 times a week for 4 weeks for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks, right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability

Guidelines-Treatment in Workers' Compensation, Chapter: Elbow (Acute & Chronic), Physical Therapy.

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

Decision rationale: This 39 year old female has complained of elbow pain since date of injury 8/20/15. She has been treated with physical therapy and medications. The current request is for physical therapy 2 times a week for 4 weeks, right elbow. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis, myositis, myalgia and radiculitis. The available medical records document that the patient has received passive physical therapy however the number of physical therapy sessions and the response to those sessions is not included in the available documentation. Furthermore, the provided medical records do not document abnormalities in the objective data which would support the necessity of further passive physical therapy sessions. On the basis of the available medical records and per the MTUS guidelines cited above, physical therapy 2 times a week for 4 weeks, right elbow is not indicated as medically necessary.