

<b>Case Number:</b>	CM15-0197894		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	07/10/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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:

The injured worker is a 59 year old male, who sustained an industrial injury on 07-10-2011. He has reported subsequent right elbow pain and was diagnosed with lateral epicondylitis and carpal tunnel syndrome. Treatment to date has included pain medication, which was noted to have failed to significantly relieve the pain. The only medical documentation submitted that is dated prior to the utilization review is a primary treating physician's progress note dated 08-27-2015. On 08-27-2015, the injured worker reported continued right elbow pain with no significant improvement since the last exam. Objective examination findings revealed tenderness to palpation of the lateral right elbow with laxity with vargus stress at the elbow, pain with resisted wrist dorsiflexion and positive Tinel's over the lateral aspect of the elbow. Work status was documented as temporarily totally disabled. The physician's treatment plan included to increase pain the dosage of pain medication, request right tennis elbow support and physical therapy 3 times a week for 4 weeks for the right elbow. The physician did not indicate whether the injured worker had received prior physical therapy and if so whether previous therapy had improved pain or resulted in objective functional improvement. A request for authorization of physical therapy 3 times a week for 4 weeks for the right elbow and tennis elbow support for purchase was submitted. As per the 09-14-2015 utilization review, the requests for physical therapy 3 times a week for 4 weeks for the right elbow and tennis elbow support for purchase were non- certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for the right elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in July 2011 and is being treated for right elbow pain with a diagnosis of lateral epicondylitis. When seen, medications were providing a temporary alleviation in symptoms. Physical examination findings included lateral right elbow tenderness. There was laxity with varus stressing. Tinel's over the lateral elbow was positive. There was reproduction of pain with resisted wrist extension. A tennis elbow support and 12 sessions of physical therapy were requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not medically necessary.

**Tennis elbow support for purchase: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Splinting (padding).

**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), Tennis elbow band.

**Decision rationale:** The claimant sustained a work injury in July 2011 and is being treated for right elbow pain with a diagnosis of lateral epicondylitis. When seen, medications were providing a temporary alleviation in symptoms. Physical examination findings included lateral right elbow tenderness. There was laxity with varus stressing. Tinel's over the lateral elbow was positive. There was reproduction of pain with resisted wrist extension. A tennis elbow support and 12 sessions of physical therapy were requested. A tennis elbow band is recommended for the treatment of epicondylitis. In this case, the claimant has persistent symptoms of lateral epicondylitis and there have been prior conservative treatments. The request is medically necessary.