

<b>Case Number:</b>	CM15-0201438		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/26/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 41 year old male, who sustained an industrial injury on 06-26-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for laceration to the right elbow. Medical records (06-26-2015 to 08-27-2015) indicate ongoing right elbow pain. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 08-27-2015, revealed a positive Tinel's sign in the medial epicondyle and tenderness to the epicondyle. Relevant treatments have included: 5 sessions of physical therapy (PT) which were reported to not be helping, sutures, and work restrictions. The request for authorization (09- 08-2015) shows that the following treatment was requested: 12 sessions of outpatient PT to the right elbow. The original utilization review (09-15-2015) non-certified the request for 12 sessions of outpatient PT to the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy to the right elbow 2 times a week for 6 weeks: 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, [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

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

**Decision rationale:** The patient presents with right lateral elbow pain. The current request is for 12 sessions of physical therapy for the right elbow. The UR dated 9/15/15 notes the patient has completed 6 previous PT sessions for the right elbow (4A). The treating physician requests on 8/27/15 (22B) physical therapy for the right elbow 2 times a week for 6 weeks. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, the treating physician states on 7/27/15 regarding physical therapy (25B), "Patient has completed a total of 5 visits" not helping." The clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of PT or documentation as to why a full independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.