

Case Number:	CM15-0207490		
Date Assigned:	10/26/2015	Date of Injury:	07/02/2011
Decision Date:	12/07/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/22/2015

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

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 51 year old female, who sustained an industrial injury on 07-02-2011. A review of the medical records indicates that the worker is undergoing treatment for recurrent right lateral epicondylitis and status post right lateral elbow release. Treatment has included Ibuprofen, injections and surgery. The only medical documentation submitted consists of primary treating physician's reports on 09-23-2015 and 10-12-2015 and a surgical request form. Subjective complaints (10-12-2015) included right elbow pain that was rated as 4 out of 10. Objective findings (09-23-2015) included range of motion of the right elbow from 15 degrees to 120 degrees, pronation and supination of 90 degrees and dorsal tenderness. Objective findings (10-12-2015) included decreased extension of the right elbow, tenderness over the ECRB origin, pain with resisted wrist dorsiflexion, internal rotation of 60 degrees of the right shoulder with positive impingement. The physician noted that 12 sessions of physical therapy were being requested. A utilization review dated 10-16-2015 modified a request for physical therapy from physical therapy 3x a week for 4 weeks for the right elbow to certification of eight sessions.

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.

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

Decision rationale: Review indicates the patient is s/p right lateral elbow release in 2012 now with recurrent of epicondylitis. Request for PT was modified for 8 sessions. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient has recurrence of symptoms; however, request for continued therapy of 12 sessions is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of 12 PT sessions from 8 already modified for authorization without extenuating circumstances established beyond the guidelines. The patient should have been previously instructed on an independent home exercise program. The Physical therapy 3 times a week for 4 weeks for the right elbow is not medically necessary or appropriate.