

Case Number:	CM15-0028106		
Date Assigned:	02/20/2015	Date of Injury:	09/11/2012
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/13/2015

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 female, who sustained an industrial injury on 09/11/2012. On physician's progress report dated 12/16/2014 the injured worker has reported right elbow pain and left elbow pain and numbness and tingling to right upper extremity. Left elbow was noted to have positive tenderness over the medial and lateral epicondyle, positive Tinel's sign to cubital and ulnar tunnel and positive flexion test. Right elbow was noted to have positive tenderness of the medial epicondyle. The diagnoses have included status post right elbow medial and lateral fasciectomy, ulnar nerve transposition, microfracture. Medial epicondylitis and lateral epicondylitis on left, cubital tunnel syndrome left, ulnar tunnel syndrome left and left shoulder tendinitis. No evidence of previous physical therapy was submitted for this review. On 01/12/2015 Utilization Review non-certified Physical therapy 3 times a week for 6 weeks for the bilateral elbow. The CA MTUS Guidelines and ODG were cited.

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 6 weeks for the bilateral elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines- Elbow.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-17.

Decision rationale: The patient presents with a flare up of her right elbow pain secondary to working full duty. The current request is for Physical Therapy 3 times a week for 6 weeks for the bilateral elbow. The treating physician states, "She has pain in the left elbow as well. She states her pain ranges from 6-8 out of 10 constant pain but can range up to level 10 out of 10 with lifting. She reports numbness and tingling to the right upper extremity. She states use of her upper extremities makes her pain worse, and she gets relief with rest and medications." There was no further discussion on the current request. The patient is status post right elbow medial and lateral fasciectomy or epicondylitis performed on an unknown date. The MTUS Post Surgical Treatment Guidelines recommend 12 visits of physical therapy treatment over 12 weeks following surgery for lateral epicondylitis. In this case, the patient has previously completed 17 physical therapy sessions according to the Physical Therapy Progress Report dated 10/02/14. The current request for 18 sessions of physical therapy is above the post-surgical guideline recommendation. The treating physician indicates that the patient does have a flare up in the right elbow with pain affecting the left elbow, but there is no discussion why the patient is unable to perform a home exercise program or why care is required above the guideline recommendations. The current request is not medically necessary and the recommendation is for denial.