

Case Number:	CM15-0029644		
Date Assigned:	02/23/2015	Date of Injury:	08/22/2014
Decision Date:	04/02/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 45 year old female who sustained a work related injury August 22, 2014, described as a cumulative injury to the right elbow while performing repetitive work as a cashier. According to a primary treating physician's report dated February 2, 2015, the injured worker presented with complaints of frequent moderate neck pain and stiffness radiating to right shoulder and ear, associated with work activities. There is intermittent sharp right elbow pain described as aching and sharp, 7/10. The left elbow is tight and sore with a feeling of needles in the elbow with burning and pressure in the left thumb. Physical examination reveals tenderness to palpation at the right trapezius; tenderness to pain and palpation at the right lateral epicondyle and right forearm extensor muscles with swelling; tenderness to palpation of the brachioradialis, forearm and lateral elbow. Cozen's and Mill's are positive and Tinel's is negative. The left elbow reveals pain along the lateral thumb and wrist with atrophy of the left hand; there is tenderness to palpation of the lateral elbow, medial and posterior elbow; Cozen's and Mill's causes pain and Finkelstein's is positive on the left and Tinel's at the wrist is positive on the left. Diagnoses are documented as; cervical dysfunction; cervical myofascitis; and right lateral epicondylitis. Treatment plan included requests for physical therapy. Work status is documented as modified duty. According to utilization review dated February 10, 2015, the request for Physical Therapy x (8) Sessions directed to the right elbow is non-certified, citing Official Disability Guidelines (ODG), Elbow Chapter. The request for Physical Therapy x (8) to the cervical spine is non-certified, citing Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Sessions of Physical Therapy to the Right Elbow and Cervical Spine (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, elbow and neck sections, physical medicine.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 sessions physical therapy right elbow and cervical spine 2 times per week for 4 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical dysfunction; cervical myofasciitis; and right lateral epicondylitis. The documentation in the medical record indicates the injured worker had "significant" prior physical therapy. The treating physician is requesting eight sessions of formal physical therapy with an RPT. The documentation does not state what type of physical therapy was rendered during the original physical therapy sessions. There is no documentation of prior physical therapy and no documentation of objective functional improvement with prior physical therapy. The guidelines state: "When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." There are no compelling clinical facts in the medical record to warrant additional physical therapy. Consequently, absent compelling clinical documentation to support ongoing/additional physical therapy, 8 sessions physical therapy right elbow and cervical spine 2 times per week for 4 weeks is not medically necessary.