

Case Number:	CM15-0221167		
Date Assigned:	11/16/2015	Date of Injury:	01/01/2014
Decision Date:	12/29/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/10/2015

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: Preventive Medicine, Occupational 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 49 year old female who sustained an industrial injury on 1-1-14. Medical records indicate that the injured worker has been treated for bilateral lateral epicondylitis and radial tunnel syndrome; tendinitis hand, wrist, forearm; skin sensation disturbances. She currently (10-8-15) reports gradual improvement in symptoms since her right lateral epicondyle debridement with radial tunnel release (5-8-15 per operative report) but pain with increased activity and worsening left sided symptoms. Physical exam revealed full active and passive range of motion. She has tenderness over the left lateral epicondyle and radial tunnel with pain with resisted wrist extension, middle finger extension and forearm supination. "Her therapy will include the left side", per documentation. The 5-21-15 progress note indicated gradual worsening of symptoms of the left side "which she attributes to increased use". Diagnostics include MRI of bilateral elbows (no date) demonstrate severe right common extensor tendinosis and mild left common extensor tendinosis. Treatments to date include medications: ibuprofen, venlafaxine; splint; home exercise program; hand therapy (12 sessions were requested 2-18-15); physical therapy (5 sessions). The physical therapy progress note dated 10-1-15 (visit 5 of 5) notes that the injured worker was not seen since 7-2015 and has pain through the left shoulder, she has full elbow range of motion bilaterally with minimal swelling of the right elbow and decreased strength of the elbow, wrist and hand consistent with status post right lateral epicondyle debridement with radial tunnel release (5-8-15). The request for authorization dated 10-13-15 was for physical therapy 2 times 6. On 10-20-15 Utilization Review non-certified the request for physical therapy 2 times a week for 6 weeks to bilateral arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to bilateral arms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter (updated 6/23/15) Physical Therapy.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has completed 36 physical therapy sessions to date for the bilateral upper arms with continued pain and functional issues. At this point she should be able to transition to a home-based, self-directed exercise program. Additionally, this request exceeds the recommendations of the guidelines. The request for physical therapy 2 times a week for 6 weeks to bilateral arms is not medically necessary.