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| Case Number: | CM15-0221812 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 03/15/2015 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 11/11/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old female with an industrial injury date of 03-15-2015. Medical record review indicates she is being treated for right shoulder mild impingement, right elbow mild lateral epicondylitis and lumbar sprain-strain with possible left sided disc herniation. Subjective complaints (09-17-2015) included back and elbow pain. The treating physician noted the injured worker had less back pain and less elbow pain since going to physical therapy. Other complaints included "some irritation around the medial epicondylar area." Work status (09-17-2015) is documented as may return to work with max lifting 10 pounds, no repeat bending, stooping, lifting, pushing, pulling or carrying. "She should limit her gripping and grasping and should limit the amount of overhead work she does with the right shoulder." "If no such job is available for her she should be considered temporary total disability." Prior treatments included 12 sessions of physical therapy. Physical examination (09- 17-2015) noted "spasming of the back is less." No radicular pain was noted. Straight leg raise was negative and she had improved flexion. Mild tenderness on the lateral epicondylar area of the right elbow was noted on exam. The treating physician was requesting additional physical therapy. On 10-12-2015 the request for physical therapy 2 times a week for 6 weeks for right elbow and lumbar spine was non-certified by utilization review.

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 for the Right Elbow and Lumbar Spine: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Physical Therapy.

Decision rationale: Per MTUS CPMTG, 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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks." The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. Per progress report dated 9/17/15, it was noted that physical therapy for the elbow and back were authorized. The injured worker had completed 12 sessions at that time. It was noted that she had less back pain since going to therapy; and less elbow pain although she still had some irritation around the medial epicondylar area. At this time the injured worker should have been transitioned to a self-directed home based therapy. Furthermore, the requested 12 sessions is in excess of the guideline recommended 8 visits over 5 weeks. The request is not medically necessary.