

Case Number:	CM15-0034015		
Date Assigned:	02/27/2015	Date of Injury:	03/11/2014
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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 46 year old male, who sustained an industrial injury on 3/11/14. On 2/23/15, the injured worker submitted an application for IMR for review of 10 sessions of physical therapy over 5 weeks for the right elbow. The treating provider has reported the injured worker complained of right shoulder, bilateral elbow, and bilateral wrist pain with radiation to both arms. The diagnoses have included medial epicondylitis. Treatment to date has included physical therapy, drug screening for medical management and medications. On 2/10/15 Utilization Review non-certified 10 sessions of physical therapy over 5 weeks for the right elbow. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of physical therapy over 5 weeks for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 178, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back chapter, nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Per the 01/30/15 report the patient presents with constant severe pain in the right shoulder and bilateral shoulders and bilateral wrists rated 7.5-10/10. The patient's diagnosis is Medial epicondylitis. The current request is for 10 SESSIONS OF PHYSICAL THERAPY OVER 5 WEEKS FOR THE RIGHT ELBOW. The RFA included is dated 02/02/15. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence that the patient is within a post-operative treatment period. The treating physician states on 01/25/15 that PT authorization is requested/awaiting reply and on 01/30/15 that authorization for physical therapy was approved and the patient is waiting for therapy. If approved, it is unclear why this has been submitted for Independent Medical Review. The reports state the current request is to focus on joint, range of motion, soft tissues modalities and core stretching and strengthening. Ten physical therapy reports for treatment of the right elbow are provided from 09/26/14 to 12/19/14. In this case it appears the patient has received 10 visits and the treater is requesting 10 additional visits. The reports provided show the patient has continued pain; however, there is no evidence of significant functional improvement from prior PT. There is no evidence of a flare up of pain or new injury. The treating physician does not explain why transition to a home exercise program is not possible. Furthermore, the 10 sessions requested combined with the 10 sessions already received exceed what is allowed by the MTUS guidelines. Therefore, the request IS NOT medically necessary.