

Case Number:	CM15-0034228		
Date Assigned:	03/02/2015	Date of Injury:	05/08/2012
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
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, 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 41 year old male, who sustained an industrial injury on May 8, 2012. The injured worker had reported right elbow pain. The diagnoses have included right lateral epicondylitis. Treatment to date has included medication, physical therapy, a transcutaneous electrical nerve stimulation unit, an elbow support and acupuncture treatments. Current documentation dated December 19, 2014 notes that the injured worker had right elbow pain with weakness and numbness in the right hand. Tinel's test was positive of the right lateral epicondyle. On January 16 Utilization Review non-certified a request for physical therapy two times a week for six weeks # 12 to the right elbow. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

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 of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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) Elbow section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the right elbow is not medically necessary. 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 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 lateral epicondylitis according to a December 19, 2014 progress note. The documentation indicates the treating physician requested 12 physical therapy sessions (two times a week times six weeks) in an August 8, 2014 progress note. There is no subsequent indication the physical therapy was effective when non-effective. There is no additional documentation in the medical record indicating physical therapy was provided. The utilization review states the injured worker received 12 prior physical therapy sessions to the right elbow. There is no documentation indicating objective functional improvement. There is no documentation of prior physical therapy notes in the medical record. The injured worker continues to have numbness at the right elbow with weakness in the right hand. Objectively, there is tenderness overlying the lateral epicondyle. 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 records indicating additional physical therapy is clinically indicated. In the alternative, if the injured worker has not received prior physical therapy to date, a six visit clinical trial would be clinically indicated. The treating physician requested 12 sessions of physical therapy. 12 sessions are in excess of the recommended guidelines. In either scenario, physical therapy 2 times a week times 6 weeks to the right elbow is not clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement (of prior physical therapy) according to the guidelines, physical therapy two times per week times six weeks to the right elbow is not medically necessary.