

Case Number:	CM15-0035453		
Date Assigned:	03/03/2015	Date of Injury:	11/18/2004
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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 52-year-old male, who sustained an industrial injury on 11/18/2004. The diagnoses have included status post right shoulder arthroscopic decompression, debridement, and distal clavicle excision. Chronic right residual shoulder pain, secondary cervical strain, and right lateral epicondylitis. Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of residual pain in the lateral aspect of right elbow, rated 5/10. Previous acupuncture treatments were noted to help pain in his elbow. Other treatments included medications, self-directed exercise, cortisone injections, and H-wave therapy. Current medications included Diclofenac ER, noted as fairly effective. He was currently cleared to return to work at full duty, with no restrictions. Physical exam of the right elbow noted no edema, full range of motion, and tenderness at the right lateral epicondyle. Treatment plan included a right epicondylar strap and "additional" physical therapy. On 2/09/2015, Utilization Review non-certified a request for a right epicondylar strap, citing ACOEM and Official Disability Guidelines, and non-certified a request for physical therapy (x8 sessions), citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Epicondylar Strap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 596. Decision based on Non-MTUS Citation ODG, Regarding splinting/padding for elbow injuries.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow Chapter, Splinting (padding), page 128.

Decision rationale: Per guidelines, splinting and padding is recommended for cubital tunnel syndrome or ulnar nerve entrapment, and is to be worn daily and at night, limiting movement, possibly protecting and reducing irritation from hard surfaces; however, remains under study for use with epicondylitis as no definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. Submitted report has not adequately identified clear clinical findings of acute cubital tunnel entrapment nor its functional benefit or pain relief from previous use of elbow brace for current purchase request. The(R) Epicondylar Strap is not medically necessary and appropriate.

Physical Therapy (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of deficits to support for further PT treatment beyond extensive sessions already rendered. Review of submitted reports had patient stopping PT due to increased pain from treatment. Clinical reports submitted also had no focal neurological deficits or ADL limitation to support for further PT treatment. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy. The Physical Therapy (8 sessions) is not medically necessary and appropriate.