

Case Number:	CM15-0045231		
Date Assigned:	03/17/2015	Date of Injury:	12/01/2002
Decision Date:	12/02/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/10/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 61 year old male who sustained an industrial injury on December 01, 2002. The worker is being treated for: shoulder pain, elbow pain, ulnar neuropathy, lateral epicondylitis and mood disorder. Subjective: May 14, 2015, "pain level has remained unchanged since last visit." Quality of sleep is noted poor. Objective: February 12, 2015: restricted cervical spine range of motion with both flexion and extension, right cervical facet joints tender, shoulder movements restricted, and right lateral epicondyle tenderness. Medications: May 14, 2015: Cymbalta, Ambien CR, Motrin, Nexium, Tramadol, Voltaren gel, Lyrica, Prilosec, and Vytarin. February 12, 2015 prescribed Tramadol. Diagnostics: UDS with negative results and worker states "not taking some medications due to denials." Treatment: activity modification, medications, acupuncture, and physical therapy. On February 12, 2015 a request was made for 6 session of physical therapy for right elbow that was noncertified by Utilization Review on February 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy 2 Times A Week for 3 Weeks for The Right Elbow As An Outpatient:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states 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 exceed the guideline, exceptional factors should be noted. ODG further quantifies physical therapy for the elbow with: ODG Physical Therapy Guidelines General: Up to 3 visits contingent on objective improvement documented (i.e. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long term resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Sprains and strains of elbow and forearm (ICD9 841): Medical treatment: 9 visits over 8 weeks Post-surgical treatment/ligament repair: 24 visits over 16 weeks Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: 8 visits over 5 weeks Post-surgical treatment: 12 visits over 12 weeks Medial epicondylitis/Golfers' elbow (ICD9 726.31): Medical treatment: 8 visits over 5 weeks Post-surgical treatment: 12 visits over 12 weeks Enthesopathy of elbow region (ICD9 726.3): Medical treatment: 8 visits over 5 weeks Post-surgical treatment: 12 visits over 12 weeks Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Medical treatment: 14 visits over 6 weeks Post-surgical treatment: 20 visits over 10 weeks Olecranon bursitis (ICD9 726.33): Medical treatment: 8 visits over 4 weeks Dislocation of elbow (ICD9 832): Stable dislocation: 6 visits over 2 weeks. Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks Fracture of radius/ulna (ICD9 813): Post-surgical treatment: 16 visits over 8 weeks. Fracture of humerus (ICD9 812): Medical treatment: 18 visits over 12 weeks. Post-surgical treatment: 24 visits over 14 weeks. Ill-defined fractures of upper limb (ICD9 818): 8 visits over 10 weeks. Arthropathy, unspecified (ICD9 716.9): Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks Rupture of biceps tendon (ICD9 727.62): Post-surgical treatment: 24 visits over 16 weeks. The request is within the guidelines for treatment of lateral epicondylitis which is listed as the primary diagnosis. There is no note in the available medical record of scars on the lateral and medial epicondyle, but no note of any surgery to the elbow but the current request would still be within acceptable limits for a trial period of PT. As such, I am reversing the prior review decision, and find the request for 6 Physical Therapy, 2 Times a Week for 3 Weeks for The Right Elbow is medically necessary.