

Case Number:	CM15-0081742		
Date Assigned:	05/04/2015	Date of Injury:	10/05/2011
Decision Date:	06/02/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/28/2015

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 65-year-old male who sustained an industrial injury on 10/5/11. The injured worker reported symptoms in the right upper extremity. The injured worker was diagnosed as having right lateral elbow tendinitis. Treatments to date have included status post right lateral elbow fasciectomy and ostectomy, ice, home exercise program, cortisone injection, physical therapy, oral pain medication. Currently, the injured worker complains of right elbow discomfort. The plan of care was for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy sessions for the right elbow: 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 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, 12 sessions physical therapy 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 right lateral elbow tendinitis may: and status post right lateral elbow fasciectomy and ostectomy. According to a March 31, 2015 progress note, the injured worker states he was last seen on June 18, 2014 (11 months prior). The worker returns for follow-up complaining of continued elbow pain and clicking of locking has resolved. There is pain over the lateral epicondyle. The worker is currently rebuilding a motor, which is causing increased pain. Objectively, there is no swelling or deformity present. Elbow range of motion is 0 to 140. There is full pronation and supination. There is no tenderness over the olecranon medial condyle. There is moderate tenderness over the lateral epicondyle. The treatment plan indicates the treating provider is referring the injured worker to therapy for instructions on a home exercise program. Instructions for a home exercise program do not require 12 sessions of physical therapy. Additionally, the injured worker underwent postoperative physical therapy on or about May 2013 after the elbow surgery. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement of prior physical therapy with a treatment plan indicating the injured worker needs therapy for instructions on a home exercise program and no compelling clinical facts indicating additional physical therapy is warranted, 12 sessions physical therapy to the right elbow is not medically necessary.