

Case Number:	CM14-0127082		
Date Assigned:	09/23/2014	Date of Injury:	06/14/2007
Decision Date:	10/22/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old female with a 6/14/07 date of injury. She reported that she sustained injuries to her right upper extremity due to her repetitive work duties and inputting into the computer. According to a progress report dated 6/12/14, the patient complained of unchanged right elbow pain and swelling, tingling, and giving way and rated the pain as an 8-10/10 on a pain scale. Objective findings: positive Spurling's sign for neck pain radiating to the levator scapulae and trapezius muscles, right elbow range of motion 0-125 degrees, motor strength and sensation of bilateral upper extremities intact. Diagnostic impression: degenerative disc disease C5-C7, right elbow lateral epicondylitis, left ankle sprain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/10/14 denied the request for 8 sessions of physical therapy for the right elbow. The medical records do not establish how many sessions of therapy the patient has completed or the patient's response to the prior treatment, both subjectively and objectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Physical Therapy 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 9792.24.2, 9792.22 General Approaches Page(s): 98-99,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. It is noted that the patient has had previous physical therapy treatment. However, it is unclear how many total sessions she has completed. Guidelines support up to 8 visits over 5 weeks for lateral epicondylitis. An additional 8 sessions would exceed guideline recommendations. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for 8 sessions of Physical Therapy for the right elbow was not medically necessary.