

Case Number:	CM14-0134656		
Date Assigned:	09/08/2014	Date of Injury:	05/20/2011
Decision Date:	10/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/21/2014

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 Nevada. 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:

The records, presented for review, indicate that this 24-year-old male was reportedly injured on 5/20/2011. The most recent progress note, dated 7/9/2014, indicated that there were ongoing complaints of right elbow pain. The physical examination demonstrated right elbow positive tenderness at the lateral epicondylitis with positive provocative signs. Positive tenderness at the medial at the condyle. Mildly positive Tinel's sign at the ulnar nerve at the elbow. No recent diagnostic studies were available for review. Previous treatment included surgery, medications, and conservative treatment. A request had been made for physical therapy two times a week for four weeks #8 and was not certified in the pre-authorization process on 8/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week times four (4) weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow. Acute and Chronic. Physical Therapy. Updated 5/15/2014.

Decision rationale: The records, presented for review, indicate that this 24-year-old male was reportedly injured on 5/20/2011. The most recent progress note, dated 7/9/2014, indicated that there were ongoing complaints of right elbow pain. The physical examination demonstrated right elbow positive tenderness at the lateral epicondylitis with positive provocative signs. Positive tenderness at the medial at the condyle. Mildly positive Tinel's sign at the ulnar nerve at the elbow. No recent diagnostic studies were available for review. Previous treatment included surgery, medications, and conservative treatment. A request had been made for physical therapy two times a week for four weeks #8 and was not certified in the pre-authorization process on 8/1/2014. The requested treatment is not medically necessary and appropriate.