

<b>Case Number:</b>	CM14-0135641		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 & 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:

The injured worker is a 44 year old male who was injured on June 15, 2013. The mechanism of injury is slipping and grabbed a handle injuring his left elbow. The diagnoses listed as lateral epicondylitis elbow region (726.32). The most recent progress note dated 7/25/14, reveals complaints of pain and tenderness to the right wrist and elbow which was improved following twelve chiropractic visits. Prior treatment includes injection, splinting, casting, and twenty four sessions of chiropractic physical therapy, and medications. A prior utilization review determination dated 8/4/14 resulted in denial of twelve sessions of physical therapy appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy appropriate:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 509-600. Decision based on Non-MTUS Citation Official Disability Guidelines - Elbow, Physical therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow

**Decision rationale:** Official Disability Guidelines (ODG) for elbow, allow 8 physical therapy (PT) visits over 5 weeks for epicondylitis and 9 PT visits over 8 weeks for sprain /strain. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, this request is not medically necessary.