

<b>Case Number:</b>	CM14-0148533		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/16/2003
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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:

This 55-year old patient had a date of injury on 1/16/2014. The mechanism of injury was not noted. In a progress noted dated 8/4/2014, the patient complains of pain in arms and legs, weakness in arms and legs, changes in activities of daily living, and is participating in a home exercise program. She is having elbow pain lately because of helping care for her mother and using her arms more. She would like physical therapy again as it helped her greatly with pain and ADLs in past. On a physical exam dated 8/4/2014, there is no swelling or scars; there was increased pain and palpation posterior. The diagnostic impression shows elbow enthesopathy. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 8/16/2014 denied the request for 6 physical therapy sessions, modifying it to 4 sessions stating that the patient had physical therapy in 2011 with improvement in pain and function, and 4 additional physical therapy sessions are authorized to reduce the patients flaring condition and re-educate the patient on updated HEP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) physical therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114; Official Disability Guidelines (ODG) elbow

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. ODG recommends 8 visits over 5 weeks for enthesopathy of elbow region. Although the patient had increases in pain and function from physical therapy in 2011, it was unclear how many sessions she's had in the past. Furthermore, the timeline recommended for treatment has passed, and there was no clear rationale provided as to how additional physical therapy sessions would benefit the patient, as the patient has already transitioned into a home exercise program. Therefore, the request for physical therapy sessions x6 was not medically necessary.