

<b>Case Number:</b>	CM14-0156137		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 37-year-old male with a 12/5/12 date of injury. At the time (9/12/14) of request for authorization for 6 Physical Therapy visits and 20 Prednisone 10 mg, there is documentation of subjective (low back and right upper extremity pain) and objective (tenderness to palpation over right lateral epicondyle, proximal wrist extensor bulk, and dorsal aspect of the 2nd digit of right hand with diffuse right dorsal hand swelling) findings, current diagnoses (right elbow lateral epicondylitis and low back pain), and treatment to date (at least 10 previous physical therapy treatments, home exercises, activity modifications, and medications (including ongoing treatment with Prednisone, Flonase, and Naproxen)). Medical reports identify that the patient reports decreased right elbow pain since returning to physical therapy. Regarding physical therapy visits, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of physical therapy to date. Regarding Prednisone, there is no documentation of clear-cut signs and symptoms of radiculopathy; that risks of steroids have been discussed with the patient and documented in the record; and that the patient is aware of the evidence that research provides limited evidence of effect with this medication; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Prednisone use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 Physical Therapy visits: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Physical therapy (PT)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lateral epicondylitis not to exceed 8 visits over 5 weeks. ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right elbow lateral epicondylitis and low back pain. In addition, there is documentation of at least 10 sessions of physical therapy completed to date, which exceeds guidelines, functional deficits, and functional goals. Furthermore, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Lastly, despite documentation of decreased right elbow pain since returning to physical therapy, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of physical therapy to date. Therefore, based on guidelines and a review of the evidence, the request for 6 Physical Therapy visits is not medically necessary.

## **20 Prednisone 10mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Corticosteroids

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that oral corticosteroids are not recommended for evaluation and managing low back complaints. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation

of clear-cut signs and symptoms of radiculopathy; that risks of steroids have been discussed with the patient and documented in the record; and that the patient is aware of the evidence that research provides limited evidence of effect with this medication, as criteria necessary to support the medical necessity of oral corticosteroids. In addition, ODG identifies that early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. Within the medical information available for review, there is documentation of diagnoses of right elbow lateral epicondylitis and low back pain. In addition, there is documentation of ongoing treatment with Prednisone. However, there is no documentation of clear-cut signs and symptoms of radiculopathy; that risks of steroids have been discussed with the patient and documented in the record; and that the patient is aware of the evidence that research provides limited evidence of effect with this medication. Furthermore, despite documentation of ongoing treatment with Prednisone, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Prednisone use to date. Therefore, based on guidelines and a review of the evidence, the request for 20 Prednisone 10 mg is not medically necessary.