

<b>Case Number:</b>	CM14-0163585		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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, has a subspecialty in Pain Medicine 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 male patient with a date of injury of May 10, 2013. A utilization review determination dated September 12, 2014 recommends non-certification of physical therapy x 12 sessions for the right elbow. A progress note dated August 25, 2014 identifies subjective complaints of left elbow pain improved after surgery, and is complaining of twitching in the hand. Physical examination of the right elbow identifies range of motion 0-120 degrees, full supination and pronation, no tenderness along the lateral epicondyle, negative lateral epicondyle compression test, no tenderness along the medial upper epicondyle, tenderness along the cubital tunnel, no pain along the olecranon, no pain along radial head, and no pain along biceps tendon. The diagnoses include lateral epicondylitis of the elbow and lesion of ulnar nerve. The treatment plans recommends a trial of gabapentin for twitching symptoms and if twitching persists consider repeat EMG to evaluate nerve function. An operative report dated July 7, 2014 identifies that the patient underwent a right elbow cubital tunnel release with medial epicondylectomy. A physical therapy progress note dated August 25, 2014 identifies that the patient has completed 12 visits of postoperative physical therapy, no further changes were reported, and the recommendation was for the patient to continue with the current treatment program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy sessions for the right elbow: 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 ODG), Elbow Chapter, Physical Therapy

**Decision rationale:** Regarding the request for physical therapy for 12 sessions for the right elbow, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the guidelines. The patient has already completed 12 sessions, and the request is for an additional 12 visits, which would exceed the 14 visits recommended by the guidelines. As such, the current request for physical therapy for 12 sessions for the right elbow is not medically necessary.