

Case Number:	CM14-0212510		
Date Assigned:	01/02/2015	Date of Injury:	09/15/2014
Decision Date:	02/23/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 53-year-old female who reported an injury on 09/15/2014. The mechanism of injury was due to repetitive motion. She was diagnosed with right lateral epicondylitis. Past treatments were noted to include medications and physical therapy. On 11/24/2014, the injured worker reported over time, her injury had improved. On physical examination of the right elbow, she was noted to have normal range of motion in the right elbow, no pain with movement of the right elbow, and pain was augmented with wrist extension. Her current medications were not provided. The treatment plan was noted to include physical therapy, iontophoresis with dexamethasone/phonophoresis with diclofenac cream, and modified duty. A request was submitted for physical therapy to the right elbow qty: 9, ergonomic evaluation, and iontophoresis with dexamethasone/phonophoresis with diclofenac cream. The treating physician indicated physical therapy was needed to increase and maintain functional gains. The rationale for the iontophoresis was not provided and the ergonomic evaluation was not provided either. A Request for Authorization was submitted on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right elbow Qty:9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Physical therapy.

Decision rationale: The request for physical therapy to the right elbow Qty: 9 is not medically necessary. The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. More specifically, the Official Disability Guidelines recommend 8 visits of therapy for lateral epicondylitis. The clinical documentation indicates that the injured worker has had prior physical therapy; however, the documentation provided does not clearly show the number completed and whether she had functional improvement within those treatments. Additionally, there are no exceptional factors to warrant additional visits beyond the guideline recommendations. Furthermore, the clinical documentation does not provide evidence of significant functional deficits to warrant physical therapy. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Ergonomic evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Low back, Ergonomics interventions.

Decision rationale: The request for Ergonomic evaluation is not medically necessary. The Official Disability Guidelines recommend ergonomic interventions as an option as part of a return to work program for injured workers. The clinical documentation does not provide evidence that the injured worker is participating or planning to participate in a return to work program for injured workers. In the absence of this documentation, the request is not supported by the guidelines. As such, the request is not medically necessary.

Iontophoresis with dexamethasone/ phonophoresis with diclofenac cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Iontophoresis.

Decision rationale: The request for iontophoresis with dexamethasone/ phonophoresis with diclofenac cream is not medically necessary. The Official Disability Guidelines recommend

iontophoresis as a conservative option if there is evidence of objective functional improvement after trial use. The clinical documentation does not provide any evidence of objective functional improvement after trial use. Additionally, the recent note provided for review does not indicate any objective functional deficits. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.