

Case Number:	CM14-0218179		
Date Assigned:	01/07/2015	Date of Injury:	02/23/2012
Decision Date:	03/04/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

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 41 year-old male, who was injured on February 23, 2012, while performing regular work duties. The injured worker had continued complaint of left elbow pain with radiation to the left forearm. The injured worker has had left elbow surgery which was followed by 18 physical therapy sessions. The records do not indicate functional improvement. An evaluation On January 13, 2014, indicates there is pain with a Tinel's test, and there is limited range of motion with pain to the left elbow. The request is for physical therapy one (1) time weekly for six (6) weeks, for the left elbow. The primary diagnosis is enthesopathy of elbow, epicondylitis, and numbness in the elbow. On December 2, 2014, Utilization Review non-certified the request for physical therapy one (1) time weekly for six (6) weeks, for the left elbow, based on MTUS, ACOEM, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 times a week for 6 weeks, Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-31, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS guidelines mentions in the Elbow chapter of the ACOEM that physical therapy may be used initially for lateral epicondylitis, as long as clinical improvement is seen after the first 2-3 visits. Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic elbow pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/myositis pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had already completed multiple sessions of physical therapy (18) in the past for his elbow pain, but without any significant reported functional benefit as an outcome. Repeating supervised physical therapy would likely result the same way, considering there was no evidence of a major change in his diagnosis. Also, there was no evidence to suggest the worker was not capable of performing home exercises, which would be the acceptable alternative and more appropriate way to include physical therapy at this point.