

Case Number:	CM15-0011450		
Date Assigned:	01/29/2015	Date of Injury:	02/23/2013
Decision Date:	03/27/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 67-year-old female who reported an injury on 02/23/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her bilateral elbows. The injured worker's treatment history included medications and extensive physical therapy. The injured worker was evaluated on 12/10/2014. The injured worker had positive tenderness to palpation of the bilateral elbows, with negative orthopedic testing and full active range of motion. The injured worker had 5/5 motor strength of the bilateral upper extremities with intact sensation to pinprick and light touch. The injured worker did have mild swelling of the left elbow. The injured worker's diagnoses included cubital tunnel syndrome, knee arthralgia, knee chondromalacia patella, sprain of the knee and leg, and elbow medial epicondylitis. The injured worker's treatment plan included physical therapy, an ultrasound guided corticosteroid injection for the bilateral elbows, and prescriptions. A Request for Authorization form was submitted on 12/19/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy (2x6) bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested 12 sessions of physical therapy (2x6) bilateral elbows is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends 8 to 10 visits of physical therapy for chronic neuropathic and myofascial pain. The clinical documentation submitted for review does support that the injured worker has had extensive physical therapy treatment. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the injured worker is participating in a home exercise program. As the injured worker does have persistent pain complaints despite participation in a home exercise program, a short course of therapy of 2 to 3 visits would be indicated to re-evaluate and assess the injured worker's home exercise program. However, 12 visits would be considered excessive. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested 12 sessions of physical therapy (2x6) bilateral elbows is not medically necessary or appropriate.

Ultrasound guided Cortisone injection for bilateral elbows: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Corticosteroid injection

Decision rationale: The requested ultrasound guided cortisone injection for bilateral elbows is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does recommend corticosteroid injections in conjunction with an active therapy program to assist with pain relief. The clinical documentation does indicate that the injured worker is participating in a home exercise program that would benefit from an adjunctive treatment for pain control. However, the request includes ultrasound guidance. Official Disability Guidelines do not support the use of ultrasound when the position of the corticosteroid injection can be determined anatomically. The clinical documentation does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested ultrasound guided cortisone injection for bilateral elbows is not medically necessary or appropriate.