

Case Number:	CM15-0016222		
Date Assigned:	02/04/2015	Date of Injury:	03/27/2014
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/28/2015

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: Florida, New York, Pennsylvania
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 35 year old female, who sustained an industrial injury on 3/27/2014. She reports left elbow pain. Diagnoses include left lateral epicondylitis. Treatments to date include 12 physical therapy visits and medication management. A progress note from the treating provider dated 9/30/2013 indicates continued left elbow pain. On 1/26/2015, Utilization Review non-certified the request for 10 physical therapy sessions for the left elbow, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 10 sessions for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Lateral Epicondylitis pp 25-26.

Decision rationale: The therapist should document objective evidence of functional improvement in order to justify continued care. This can be demonstrated by an improvement in pain-free grip strength, or improvement in lifting ability, or some other functional activity

Instead of focusing on a specific number of visits/treatment duration, identifying trends in the treatment provided are likely to be more helpful. Visit frequency should be weaned and decrease over the episode of care, with the patient performing exercises more independently and the therapist's role becoming more consultative and coaching, assisting in progression of exercise and encouraging the patient. The use of physical agents and manual procedures should be weaned from supervised treatment either entirely, or limited to home use. It is reasonable to expect that if a particular treatment is going to benefit a particular patient, beneficial effects should be evident within 2-3 visits. Continuing with a treatment that has not resulted in objective improvement is not reasonable. Treatment that has not resulted in improvement after a couple of visits should either be modified substantially or discontinued. It should be expected that most patients with more severe conditions receive 8-12 visits over 6-8 weeks, as long as functional improvement and program progression are documented. In this case the member is reported to have completed a series of 12 PT sessions. There is no report of a substantial flare. Even if that were the case a full return to PT is unwarranted as the intentions would be for 1 or 2 sessions to refresh the member's memory to initiate and accomplish home therapy. The UR Non-Cert is supported.