

Case Number:	CM15-0017218		
Date Assigned:	02/05/2015	Date of Injury:	10/24/2014
Decision Date:	03/23/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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
Certification(s)/Specialty: Emergency 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 41 year old male, who sustained an industrial injury on October 24, 2014. He has reported muscle pull in his elbow. The diagnoses have included right elbow/forearm sprain. X-rays of the right elbow revealed no acute findings. Treatment to date has included an ace bandage, cold pack, muscle relaxant and non-steroidal anti-inflammatory medications, work modifications. The medical records refer to a course of physical therapy with therapeutic exercise, manual therapy, ultrasound, electrical stimulation, and infrared. On October 24, 2014, the treating physician noted constant, dull and throbbing right elbow pain. The physical exam revealed lateral epicondyle and forearm tenderness, mildly decreased range of motion, no weakness, normal right upper extremity deep tendon reflexes, no sensory changes, and negative Tinel's sign and resisted wrist flexion and extension. The treatment plan included physical therapy. On January 13, 2015, Utilization Review non-certified a prescription for an additional 6 treatments of physical therapy for the right elbow, noting the lack of documentation of new residual deficits that warrant additional individual physical therapy, the lack of documentation of functional deficits such as with range of motion or strength, and the employee should be well educated in a home exercise program, which would be appropriate for ongoing treatment. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right elbow; 6 treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Physical therapy, Lateral epicondylitis, page 25

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow (Acute & Chronic), Physical therapy

Decision rationale: The requested Physical therapy for the right elbow; 6 treatments, is not medically necessary. ODG, Elbow (Acute & Chronic), Physical therapy, recommend continued therapy with documented functional improvement. The injured worker has constant, dull and throbbing right elbow pain. The physical exam revealed lateral epicondyle and forearm tenderness, mildly decreased range of motion, no weakness, normal right upper extremity deep tendon reflexes, no sensory changes, and negative Tinel's sign and resisted wrist flexion and extension. The treating physician did not document objective evidence of derived functional improvement from completed physical therapy sessions. Finally, the completed therapy sessions should have afforded sufficient time for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy for the right elbow; 6 treatments is not medically necessary.