

<b>Case Number:</b>	CM15-0017424		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female who sustained an industrial injury to her left elbow on February 11, 2014. The injured worker underwent lateral epicondylectomy, bursectomy and extensor tendon release on October 23, 2014 followed by physical therapy session. The injured worker was diagnosed with left epicondylitis and left shoulder impingement. According to the primary treating physician's progress report on November 24, 2104 the injured worker continues to experience reduced range of motion and pain in her left shoulder, elbow, hand and wrist. According to medical progress report on December 29, 2014 the injured worker does not feel physical therapy is beneficial however the physician noted an increase in 15 degree extension. There was no discussion of a home exercise program in place. According to physical therapy reports available as of January 7, 2015 the injured worker received 20 of the 24 previously authorized. Current medications consist of Tylenol #3 and Docuprene. Treatment modalities consist of pain medication and physical therapy. The injured worker is on temporary total disability (TTD).The treating physician requested authorization for Physical Therapy for the left elbow, 3 times a week for 4 weeks.On January 9, 2015 the Utilization Review denied certification for the left elbow, 3 times a week for 4 weeks.Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Post-Surgical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left elbow, 3 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)"There is no documentation that the patient can not perform home exercises. As of January 7, 2015, the patient received 20 of the 24 previously authorized physical therapy session, without documentation of clear benefit. In fact, according to medical progress report dated December 29, 2014 the patient stated that she does not feel physical therapy is beneficial. Therefore, Physical therapy for the left elbow, 3 times a week for 4 weeks is not medically necessary.