

Case Number:	CM15-0017937		
Date Assigned:	02/03/2015	Date of Injury:	04/14/2012
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/30/2015

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
 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 53 year old male who sustained an industrial injury on 4/14/12. He is currently experiencing constant right elbow pain. He is status post right elbow surgery (2/11/14). Diagnoses include persistent lateral epicondylitis right elbow, status postindustrial injury and lateral epicondyle reconstruction; lateral epicondylitis, left elbow, compensatory- improved; rule out compensatory rotator cuff tendinopathy, left shoulder; carpal tunnel syndrome as documented by electrodiagnostic studies. Treatments to date include physical therapy which has helped him to lift 5 pounds but he is now having difficulty washing his hair and brushing his teeth. He has had injection into left shoulder because of tenderness felt to be due to compensation for the right upper extremity. Diagnostics include MRI right elbow that demonstrated abnormalities. Progress note dated 12/1/14 indicates that the 15 minute physical therapy sessions are suboptimal and the treating provider requested additional 8 sessions of physical therapy for the right elbow. On 1/8/15 Utilization review non-certified the requests for 8 physical therapy sessions to the right elbow citing MTUS: Chronic pain Medical treatment Guidelines: Physical Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions Physical Therapy to right elbow 2 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

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 and 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. The MTUS Chronic Pain Treatment Guidelines state that up to 10 sessions of supervised physical therapy may be considered with the goal to transfer to home exercises as soon as able, which is preferred if continued physical medicine is appropriate in the long run. In the case of this worker, she had completed at least 13 physical therapy sessions with some benefit but the worker was not satisfied and wanted more physical therapy. There was insufficient evidence to suggest that this worker was not able to perform home exercises, and there was no explanation as to why she required supervised therapy to help justify a continuation of supervised physical therapy. Therefore, the 8 sessions of Physical Therapy are not medically necessary.