

Case Number:	CM15-0119907		
Date Assigned:	06/30/2015	Date of Injury:	04/02/2014
Decision Date:	08/05/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 04/02/2014. He has reported injury to the right elbow and low back. The diagnoses have included lumbosacral spine musculoligamentous strain/sprain with radiculitis; lumbosacral spine discogenic disease; lumbar spine myofascial pain, lumbar spine disc protrusions with radiculopathy; right elbow lateral epicondylitis; and abdominal wall strain, rule out umbilical hernia. Treatment to date has included medications, diagnostics, injections, chiropractic therapy, extracorporeal shockwave therapy, physical therapy, and home exercise program. Medications have included Tramadol, Baclofen, Mobic, and topical compounded cream. A progress note from the treating physician, dated 02/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the lower back and right elbow; the pain in the lower back is rated as 7/10 per the visual analog scale, which has decreased from 8/10 on the last visit; and pain is rated as 6/10 in the right elbow, which has decreased from 8/10 on the last visit. Objective findings included grade 2 tenderness to palpation over the lumbar paraspinal muscles, which has decreased from grade 3 on the last visit; 2 palpable spasm, which has decreased from 3 on the last visit; there is restricted range of motion; trigger points are noted; there is grade 2 tenderness to palpation of the right elbow, which has decreased from grade 2-3 on the last visit; and there is restricted range of motion. The treatment plan has included the request for physical therapy, right elbow, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right Elbow, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy.

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

Decision rationale: The patient presents with pain in the lower back and right elbow with elbow pain 6/10 which has decreased from 8/10 since last visit. The current request is for Physical Therapy, right elbow, 12 sessions. The treating physician states, in a report dated 05/28/15, "The patient is prescribed physical therapy for the lumbar spine, 2 times a week for six weeks. He has completed 20 sessions of physical therapy." (5B) Per the same report dated 05/28/15, "The patient was seen by the general surgeon, who recommended MRI. No surgery is recommended at present." MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician has failed to document, in the records available for review, why an additional 12 sessions are necessary given that 20 sessions have already been completed with no demonstrable functional improvement noted. The current request is not medically necessary.