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| <b>Case Number:</b>   | CM15-0120806 |                              |            |
| <b>Date Assigned:</b> | 07/01/2015   | <b>Date of Injury:</b>       | 01/13/2015 |
| <b>Decision Date:</b> | 07/30/2015   | <b>UR Denial Date:</b>       | 06/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 50 year old female sustained an industrial injury on 1/13/15. She subsequently reported right upper extremity pain. Diagnoses include right elbow sprain/ strain with medial and lateral epicondyles and cubital tunnel syndrome. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience right elbow pain. Upon examination, there is tenderness to palpation at the lateral and medial epicondyle, positive elbow pain with grip and grasp and positive Tinel's sign. A request for Additional 6 Physical therapy sessions, 2x3 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 6 Physical therapy sessions, 2x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional 6 physical therapy sessions (2 times per week times 3 weeks) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right elbow sprain strain and contusion; lateral and medial epicondylitis recurrent; forearm strain; cubital tunnel syndrome; right carpal tunnel release 2009; history of right lateral epicondylar June 2011. Documentation from April 6, 2015 progress note (request for authorization is June 9, 2015), shows the injured worker has ongoing lateral elbow pain. The injured worker completed six out of eight physical therapy sessions. The guidelines recommend eight sessions for lateral epicondylitis. Subjectively, according to the April 6, 2015 progress note, the worker complains of pain lateral and medial elbows. Objectively, there is tenderness to palpation over the lateral epicondyle and the medial epicondyle. The treating provider is requesting additional physical therapy two times per week times three weeks. There are no compelling clinical facts in the medical record indicating additional physical therapy over and above the recommended guidelines (eight sessions PT). There is no documentation of objective functional improvement from physical therapy progress notes or provider documentation from ongoing physical therapy. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy over and above the recommended guidelines is clinically indicated, additional 6 physical therapy sessions (2 times per week times 3 weeks) is not medically necessary.