

Case Number:	CM15-0126214		
Date Assigned:	07/10/2015	Date of Injury:	03/28/1994
Decision Date:	08/06/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/30/2015

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: Massachusetts

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

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 64-year-old female who sustained an industrial /work injury on 3/28/94. She reported an initial complaint of right elbow pain that radiates to the shoulder. The injured worker was diagnosed as having lateral epicondylitis of right arm. Treatment to date includes medication. Currently, the injured worker complained of burning right elbow pains along with multiple aches and pains. Per the primary physician's report (PR-2) on 5/6/15, exam noted right elbow tenderness along the outside, tender trapezius, full range of motion, reflexes are ¼ in biceps and brachioradialis, pain with resistance to dorsiflexion on the right arm. Current plan of care included therapy and labs. The requested treatments include physical therapy for right elbow (arm).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 1 time wkly for 6 wks, 6 sessions for Right Elbow (Arm): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow - Physical Therapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines. (3) Elbow (Acute & Chronic), physical therapy.

Decision rationale: The claimant has a remote history of a work injury occurring in March 1994 and is being treated for right elbow pain. When seen, she was having burning elbow pain. She was trying to taper medications. Physical examination findings included lateral elbow tenderness. There was right trapezius tenderness and pain with resisted wrist extension. There was a diagnosis of lateral epicondylitis and she was referred for physical therapy. Guidelines recommend up to 8 visits over 5 weeks for the treatment of lateral epicondylitis. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with these recommendations and what might be anticipated in terms of establishing or revising the claimant's home exercise program. The request was medically necessary.