

<b>Case Number:</b>	CM15-0128153		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 44 year old male who sustained an industrial injury on 12/02/2013. Mechanism of injury occurred from repeated gripping and grasping of cooking utensils. Diagnoses include bilateral lateral epicondylitis. Treatment to date has included diagnostic studies, medication, tennis elbow brace, 12 physical therapy visits, and steroid injections to the left elbow that provided good but temporary relief. On 06/05/2015 an unofficial report of a Magnetic Resonance Imaging of the left elbow showed tendonitis and on 03/06/2015. Magnetic Resonance Imaging report of the right elbow showed no evidence of internal derangement for the right elbow. He takes Tramadol as needed for pain. A physician progress note dated 06/05/2015 documents the injured worker complains of pain in his bilateral elbows that he rates as 8-9 out of 10. The pain is the same as it was on the last visit. It is alleviated by rest and medications. The left elbow revealed positive Cozen sign and palpable tenderness over the lateral epicondyle on the olecranon groove. There was decreased range of motion. The right elbow revealed positive Cozen sign but not nearly to the extent as the left. The treatment plan includes a consult regarding the bilateral elbows and topical Flurbiprofen-Baclofen-Lidocaine cream (20%-5%-4%) 180 gm, and a urine drug screen with the next visit. Treatment requested is for physical therapy 2 times a week for 6 weeks for the bilateral elbows.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the bilateral elbows:** Upheld

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

**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 (30 Elbow (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in December 2013 and continues to be treated for chronic bilateral lateral epicondylitis. Treatments have included medications, injections, use of an elbow brace, and 12 physical therapy treatment sessions. When seen, pain was rated at 8-9/10. There was decreased elbow range of motion with lateral epicondyle tenderness and pain with resisted third finger extension. Compounded topical cream was prescribed and authorization for 12 physical therapy treatment sessions was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy in excess of that recommended for this condition where 8 therapy treatment sessions over 5 weeks is the recommendation. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. 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 in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.