

Case Number:	CM15-0171117		
Date Assigned:	09/11/2015	Date of Injury:	02/27/2012
Decision Date:	10/09/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 31 year old female sustained an industrial injury to the right elbow, back, left ankle and left knee on 2-27-12. Electromyography and nerve conduction velocity test of bilateral upper extremities (2-27-12) was normal. X-rays of the right elbow (6-10-13) showed mild soft tissue swelling. Previous treatment included physical therapy, massage and medications. In a PR-2 dated 7-27-15, the injured worker complained of ongoing pain to the right elbow, left knee, left ankle and lumbar spine, rated 5 out of 10 on the visual analog scale. The injured worker's pain was mainly in the right elbow and left knee. The injured worker stated that she had massage therapy last year which helped but had not done anything recently. The physician noted that the injured worker was last seen by his office on 9-26-13. The injured worker continued to be employed. No physical exam was documented. Current diagnoses included internal derangement of the knee and lateral epicondylitis. The injured worker was given a right elbow brace and instructed to do heat and ice contrast therapy. The treatment plan included requesting authorization for physical therapy 3 times a week for 4 weeks to decreased inflammation and build up strength and massage therapy to enhance function. On 8-10-15, Utilization Review modified a request for physical therapy 3 times a week for four weeks for the right elbow to two physical therapy sessions for training in a home exercise program noting that the injured worker had received physical therapy in 2013 and citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week times 4 weeks, right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy 3 times a week times 4 weeks, right elbow is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 10 visits for this condition with a transition to a home exercise program. The request for 12 sessions exceeds this number. The documentation does not reveal extenuating factors that necessitate 12 supervised therapy sessions for this condition therefore this request is not medically necessary.