

Case Number:	CM15-0172625		
Date Assigned:	09/14/2015	Date of Injury:	12/16/2014
Decision Date:	10/15/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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

Certification(s)/Specialty: Emergency 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 12-16-2014. The medical records indicate that the injured worker is undergoing treatment for pain in right elbow and lateral epicondylitis of the right elbow. According to the progress report dated 7-6-2015, the injured worker complains of pain, weakness, swelling, and stiffness in the right elbow. The level of pain is not rated. The physical examination of the right elbow reveals tenderness with palpation over the medial and lateral epicondyle, increased pain with resisted wrist extension, and flexion 150 degrees, extension 0 degrees, pronation 80 degrees, and supination 80 degrees. The current medications are Voltaren gel. Treatment to date has included medication management, x-ray, brace, and 6 physical therapy sessions. Per the physical therapy progress note on 5-5-2015, the patient claimed no improvement. Work status is described as modified duty with no lifting, pushing, or pulling greater than 5 pounds with his right arm. The original utilization review (8-21-2015) had non-certified a request for 12 additional physical therapy sessions to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, three times a week, for four weeks, to the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Online Edition, 2015 Chapter: elbow (acute & chronic).

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

Decision rationale: The Physical Therapy, three times a week, for four weeks, to the right elbow, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker complains of weakness, swelling, and stiffness in the right elbow. The level of pain is not rated. The physical examination of the right elbow reveals tenderness with palpation over the medial and lateral epicondyle, increased pain with resisted wrist extension, and flexion 150 degrees, extension 0 degrees, pronation 80 degrees, and supination 80 degrees. The current medications are Voltaren gel. Treatment to date has included medication management, x-ray, brace, and 6 physical therapy sessions. Per the physical therapy progress note on 5-5-2015, the patient claimed no improvement. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy, three times a week, for four weeks, to the right elbow is not medically necessary.