

Case Number:	CM15-0030719		
Date Assigned:	02/23/2015	Date of Injury:	12/19/2012
Decision Date:	06/16/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/17/2015

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: Internal Medicine, Rheumatology

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 12/19/2012. He reported cumulative trauma to both elbows, while employed as a chef, although there were 2 separate injury dates filed. He first noticed pain in his left elbow in 12/2012 and his right elbow in 3/2013. The injured worker was diagnosed as having bilateral lateral epicondylitis, rule out tear. Treatment to date has included x-rays and magnetic resonance imaging of the left elbow (documented with tendinitis), unspecified physical therapy for the left elbow, steroid injections to the left elbow, x-rays of the right elbow, steroid injection to the right elbow, unspecified physical therapy for the right elbow, and medications. Currently, the injured worker complains of continued left elbow pain, aggravated by lifting, carrying, gripping, and grasping. Pain was rated 3/10 and Naproxen provided temporary relief. He also reported right elbow pain radiating to the forearm, aggravated by lifting, carrying, gripping, and grasping. Pain was rated 8/10 and Naproxen provided temporary relief. He was currently working and current medication use included Naproxen, with no gastrointestinal symptoms noted. Difficulty with some activities of daily living was noted. Exam of the elbows noted mildly decreased range of motion with flexion, along with normal sensory and motor exam. Palpation of the forearm extensors and lateral epicondyles revealed tenderness bilaterally. The treatment plan included magnetic resonance imaging scans to both elbows to rule out tears, physical therapy (2x6) for both elbows, Voltaren gel, Naprosyn, Kera-Tek gel, and urine toxicology. His work status was with limited lifting. Progress reports from prior physical therapy were not submitted.

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 times 6 weeks for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Elbow, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This 44 year old male has complained of bilateral elbow pain since date of injury 12/19/12. He has been treated with steroid injections, physical therapy and medications. The current request is for physical therapy 2 times a week times 6 weeks for the left elbow. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The current request exceeds the number of recommended passive physical therapy sessions. On the basis of the available medical records and per the MTUS guidelines cited above, Physical Therapy 2 times a week times 6 weeks for the left elbow is not indicated as medically necessary.

Physical Therapy 2 times a week times 6 weeks for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Elbow, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This 44 year old male has complained of bilateral elbow pain since date of injury 12/19/12. He has been treated with steroid injections, physical therapy and medications. The current request is for physical therapy 2 times a week times 6 weeks for the right elbow. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The current request exceeds the number of recommended passive physical therapy sessions. On the basis of the available medical records and per the MTUS guidelines cited above, Physical Therapy 2 times a week times 6 weeks for the right elbow is not indicated as medically necessary.

Kera-Tek Analgesic gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 44 year old male has complained of bilateral elbow pain since date of injury 12/19/12. He has been treated with steroid injections, physical therapy and medications. The current request is for : Kera-Tek Analgesic gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Kera-Tek Analgesic gel is not indicated as medically necessary.