

Case Number:	CM15-0048127		
Date Assigned:	03/20/2015	Date of Injury:	10/27/2010
Decision Date:	06/29/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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 47 year old female, who sustained an industrial injury on October 27, 2010. She reported that while bending over to pick up a gallon of milk and place it in a bag, she heard a pop in her right elbow and felt intense elbow pain that traveled to her right shoulder. The injured worker was diagnosed as having status post right elbow surgery and right elbow medial and lateral epicondylitis. Treatment to date has included MRIs, physical therapy, left elbow surgery, corticosteroid injections, electromyography (EMG)/nerve conduction velocity (NCV), acupuncture and medication. Currently, the injured worker complains of right elbow pain. The Primary Treating Physician's report dated February 2, 2015, noted the injured worker reported his pain constant and severe with a pain level at 9/10. The right elbow was noted to have decreased range of motion (ROM) with increased pain in all planes. The right shoulder was noted to have decreased range of motion (ROM) with increased pain in all planes with positive impingement sign. The treatment plan was noted to include requests for authorization for a right elbow brace, right elbow surgery, right elbow night brace, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x week x 4 weeks (12 sessions), right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 17.

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.

Decision rationale: The claimant sustained a work injury in October 2010. She underwent left elbow surgery in July 2012. When seen, she was having right elbow pain rated at 9/10. There was decreased and painful elbow and shoulder range of motion. Shoulder impingement testing was positive. There was lateral epicondyle tenderness with spasms and positive Cozen and reverse Cozen tests. The claimant is being treated for chronic pain. There is no new injury. 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 would be needed to revise a home exercise program. The request is not medically necessary.