

<b>Case Number:</b>	CM15-0064828		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 48 year old female who sustained an industrial injury on 07/01/2009. Diagnoses include myofascial pain syndrome, cervical spine strain, epicondylitis, and status post percutaneous tentomy of the right elbow. Treatment to date has included diagnostic studies, Transcutaneous Electrical Nerve Stimulation Unit, percutaneous tentomy of the right elbow, medications, trigger point injections, physical therapy, chiropractic care and acupuncture. A physician progress note dated 03/19/2015 documents the injured worker has pain in the right lateral elbow, with numbness and spasm. She has some pain in the right trapezius. There is tenderness the right lateral epicondyle and right trapezius spasms. Range of motion of the right elbow is decreased. Sensation of the right hand and long finger is decreased and there is decreased strength. The injured worker received trigger point injections to the trapezius, rhomboid and paracervical muscles. The treatment plan was for medications, and physical therapy. Treatment requested is for physical therapy 2x4 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 2x4 to the right elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in July 2009 and underwent an extensor tendon release for lateral epicondylitis on 11/10/14. When seen, she was having ongoing lateral elbow pain. She was having neck and upper trapezius pain and trigger point injections were performed. Authorization for 8 sessions of physical therapy for the elbow was requested. Guidelines address the role of physical therapy following extensor tendon tenolysis the post surgical treatment period is 6 months with up to 18 therapy visits over 4 months after surgery. In this case, the number of treatments already provided is not documented. Providing additional skilled therapy without having assessed the results of prior treatments is not medically necessary.