

<b>Case Number:</b>	CM15-0066579		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 45 year old female, who sustained an industrial injury on 5/20/14. She reported initial complaints of left elbow. The injured worker was diagnosed as having lateral and medial epicondylitis; pain in the limb. Treatment to date has included physical therapy; chiropractic therapy; left elbow injections; medications. Currently, the PR-2 notes indicate the injured worker complains of left elbow pain. The provider's examination finds pain to palpation on touching her medial and lateral aspect of her elbow. She has pain with pronation and supination; has right grip less than left; able to move all digits; denies any numbness or tingling throughout fingers or hand. Provider documents radiographic findings report normal findings. The treatment plan included medications Tramadol and Naprosyn along with ice/heat for her elbow. Physical Therapy 2 times a week x 6 weeks Left Elbow was also requested and these sessions were denied at Utilization Review.

### 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 x 6 weeks Left Elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the left elbow is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lateral epicondylitis, medial epicondylitis, and pain in the limb. The requesting orthopedist, according to a new patient encounter dated March 4, 2015, subjectively, indicated the injured worker received prior physical therapy and given a couple of injection. The injured worker reports prior physical therapy had not been helpful. Objectively, there is pain to pronation and tenderness over the medial and lateral aspects of the elbow. There is no numbness or tingling in the distal extremity. X-rays of the elbow were unremarkable. The medical record contains 29 pages. Moreover, the injured worker reported physical therapy was not helpful. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. There are no prior physical therapy progress notes. There is no documentation of objective functional improvement. Additionally, there is no compelling clinical documentation in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with objective functional improvement from prior physical therapy that was reported as being "not helpful", physical therapy two times per week times six weeks to the left elbow is not medically necessary.