

Case Number:	CM15-0090587		
Date Assigned:	05/14/2015	Date of Injury:	07/15/2013
Decision Date:	06/16/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/11/2015

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 50 year old female, who sustained an industrial injury on 7/15/2013. She reported injury from a slip and fall. The injured worker was diagnosed as having a left elbow debridement-medial epicondyle insertion and platelet rich plasma injection on 2/10/2015, left elbow medial epicondylitis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, trigger point injections, chiropractic care, home exercises, steroid injection and medication management. In a progress note dated 3/27/2015, the injured worker complains of left elbow pain. The pain is rated 3/10 at rest and 7/10 with activity. The treating physician is requesting 8 sessions of physical therapy for the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-op physical therapy 2x4 left elbow: Upheld

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

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, additional postoperative physical therapy two times a week times four weeks of 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 status post left elbow debridement and platelet rich plasma injections. According to a March 27, 2015, progress note the injured worker is status post left elbow medial epicondylar tenex debridement with a PRP injection. Physical therapy (subjectively) helps the injured worker. Utilization review (with provider agreement) indicates 12 physical therapy sessions were authorized and 7 out of the 12 physical therapy sessions were completed. Objectively, on physical examination, range of motion of the elbow is full. There is tenderness present and strength is improving. The injured worker should be well-versed in the exercises performed during physical therapy to engage in a home exercise program at the completion of the 12 physical therapy sessions. Additionally, there are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with evidence of objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically warranted, additional postoperative physical therapy two times a week times four weeks of left elbow is not medically necessary.