

<b>Case Number:</b>	CM17-0007886		
<b>Date Assigned:</b>	01/17/2017	<b>Date of Injury:</b>	10/20/2016
<b>Decision Date:</b>	02/08/2017	<b>UR Denial Date:</b>	01/05/2017
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/11/2017

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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(n) 59 year old female, who sustained an industrial injury on 10-20-16. The injured worker was diagnosed as having right elbow lateral epicondylitis. The PR2 dated 10-20-16 indicated 7 out of 10 right elbow pain. Objective findings revealed right elbow flexion was 135 degrees, extension was 0 to -5 degrees and pronation and supination were 90 degrees. As of the PR2 dated 12-27-16, the injured worker reports severe right elbow pain. She noted trying physical therapy in the past with no improvement. The injured worker is currently working with modification. The treating physician noted right grip strength was 0kg, bicep is 28cm and forearm is 22cm. Treatment to date has included physical therapy x at least 6 sessions, acupuncture and a right upper extremity MRI on 11-28-16. The Utilization Review dated 1-5-17, non-certified the request for physical therapy x 12 sessions for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve physical therapy sessions, three times weekly, for the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) physical therapy, elbow chapter.

**Decision rationale:** The claimant is a 59 year old female who sustained an industrial injury on 10-20-16. His diagnoses include: right elbow lateral epicondylitis. This request is for "Twelve physical therapy sessions, three times weekly, for the right elbow." The 2016 MTUS guidelines for physical medicine cite the ODG Physical Therapy Guidelines - "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface: Myalgia and myositis, unspecified 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks, Reflex sympathetic dystrophy 26 visits over 16 weeks, Arthritis 9 visits over 8 weeks." The ODG guidelines were additionally referenced since MTUS and ACOEM guidelines do not provide exact physical therapy recommendations for lateral Epicondylitis. The ODG states, "Lateral epicondylitis/Tennis elbow: Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. This claimant has had prior physical therapy." Regarding this claimant's case, she is noted to have had prior physical therapy for her epicondylitis condition. However, how many prior sessions she has had is not noted. It does appear that she has had at least 6 sessions, and an approval of an additional 12 sessions will exceed guideline recommendations. Additionally, it is also not noted what functional improvement results she may have had with prior sessions. Likewise, the medical necessity of this request is not established.