

Case Number:	CM17-0002324		
Date Assigned:	01/09/2017	Date of Injury:	10/11/2016
Decision Date:	02/01/2017	UR Denial Date:	12/19/2016
Priority:	Standard	Application Received:	01/03/2017

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: California, North Carolina
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 49 year old male who sustained an industrial-work injury on 10-11-16. The injured worker was diagnosed as having right elbow medial epicondylitis. Treatment to date has included medication: Naprosyn, Amoxicillin; 6 PT (physical therapy) sessions. Currently, the injured worker complains of right elbow pain with no paresthesia in right hand or weakness. Per the primary physician's progress report (PR-2) on 10-26-16, exam noted of right elbow active-passive range of motion with flexion 0 degrees, extension 130 degrees, supination 90 degrees, pronation 90 degrees, no ecchymosis or effusion, tenderness to right medial epicondyle and pronator teres, pain with resistive wrist flexion especially with pronation. Hand therapy report on 12-7-16 noted pain with right arm is improving, increased ability to use arm, range of motion is essentially within normal limits, right dominant grip essentially equal to left, resisted wrist flexion and pronation 4+ out of 5, minimally painful, pain with palpation to muscle bellies and proximal attachments of flexor group is improving, tolerating deep tissue work with less pain, intact sensation, unable to participate in golf, pain with lifting ADL's (activities of daily living). Current plan of care includes PT (physical therapy). The Request for Authorization requested service to include Physical therapy 2 times a week for 6 weeks (12 sessions) to the right elbow. The Utilization Review on 12-19-16 modified the request for Physical therapy 2 times a week for 6 weeks (12 sessions) to the right elbow. Physical therapy 2 times a week for 6 weeks (12 sessions) to the right elbow was the original request. The Claims Administrator authorized 2 sessions of occupational therapy, leaving the original request IMR eligible. The original request is physical therapy 2 times a week for 6 weeks (12 sessions) 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 2 times a week for 6 weeks (12 sessions) to the right elbow was the original request. The Claims Administrator authorized 2 sessions of occupational therapy, leaving the original request IMR eligible. The original request, physical therapy 2 times a week for 6 weeks (12 sessions) to the right elbow is: Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): 326, and Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: CA MTUS Guidelines recommend physical therapy (PT) focused on active therapy to restore flexibility, strength, endurance, function range of motion and to alleviate discomfort. MTUS supports PT that is providing documented benefit. PT should be provided at a decreasing frequency as the guided therapy becomes replaced by a self-directed home exercise program (HEP). In this case, the claimant showed benefit with the initial 6 visits of occupational therapy (OT). Current guidelines recommend up to 8 sessions for the claimant's condition. An additional 2 sessions of OT to address the remaining deficits and to transition the claimant to a HEP is indicated. Therefore the request was modified to 2 additional OT sessions and the remaining IMR eligible portion of the original request, physical therapy 2 times a week for 6 weeks (12 sessions) to the right elbow is determined to be not medically necessary.