

<b>Case Number:</b>	CM13-0002076		
<b>Date Assigned:</b>	05/16/2014	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/19/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41 years old with a reported injury date of 5/2/12. Based on the 6/26/13 progress report provided by [REDACTED] the diagnoses are status post left elbow release at origin of extensor musculature of lateral epicondyle 4/10/13; and s/p right knee arthroscopic medial meniscectomy 6/19/13. There is a partial medial and lateral meniscectomy with patella chondroplasty. Exam on 6/5/13 showed "full range of motion of left elbow. There is tenderness over lateral epicondyle. Surgery wound is well healed." There is no recent report with detailed physical examination results post lateral epicondylitis. Patient underwent an extensor lateral epicondyle with arthrotomy of left elbow on 4/10/13. [REDACTED] is requesting continued physical therapy for left elbow, twice a week for 6 weeks. The utilization review determination being challenged is dated 7/9/13. Treatment reports from 5/1/13 to 6/26/13 have been provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED PHYSICAL THERAPY FOR THE LEFT ELBOW, TWICE A WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** For a lateral epicondylitis, MTUS guidelines recommend 12 physical therapy visits over 12 weeks within 6 months of surgery, and additional sessions if patient shows evidence of functional improvement. In this case, the patient is more than two months from surgery and appears to have received on-going therapy. The treating physician does not document how many but the patient is noted to have full range of motion and surgery has healed. There is no indication why the patient is unable to transition into home therapy. MTUS guidelines only allow 12 sessions total for post-operative care unless there was some specific need for additional therapy. Therefore, the request for continued physical therapy for the left elbow, twice a week for six weeks is not medically necessary and appropriate.