

Case Number:	CM13-0003352		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2012
Decision Date:	02/28/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 63 year old female with date of injury 01/14/12. The listed diagnoses per [REDACTED] dated 09/16/13 are: 1. Olecranon Bursitis. 2. Acute industrial left elbow contusion (2012) 3. Left elbow traumatic lateral epicondylitis 4. Status post left elbow lateral release with epicondylectomy (03/01/13) According to progress report dated 09/16/13 by [REDACTED], patient complains of left elbow pain without radiation with occasional numbness. She denies increased symptoms when performing overhead work activities. The patient describes pain residing at 0/10 on the VAS pain scale. Objective findings show a 3 cm well-healed incision over the lateral epicondyle which is slightly tender to palpation. Range of motion for the left elbow is within normal range. Negative for pain with resisted finger extension and negative for Tinel's sign. The treater is requesting 4 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy for the left elbow/wrist 2x a week for 2 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow & Upper Arm, Postsurgical Treatment Guidelines Page(s): 15-17.

Decision rationale: The patient presents with left elbow pain and is s/p left elbow lateral release with epicondylectomy from 3/1/13. The treater is requesting 4 additional physical therapy visits for post-operative care. Following surgery, the patient has completed 16 sessions of therapy. The treater's note from 9/16/13 shows the patient's pain at 0/10 on VAS scale. Examination was unremarkable. MTUS Postsurgical Guidelines, p15-17, for this type of elbow recommends 12 visits over 12 weeks. Utilization reviewer denied the request per 7/17/13 report stating there was no documentation of exceptional indications for therapy extension and reasons why home exercise program would be insufficient to address any remaining functional deficits. The current request exceeds what is allowed per MTUS guidelines, and the patient seems to be doing well with no pain. Recommendation is for denial.