

<b>Case Number:</b>	CM13-0007414		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/10/2008
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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, 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 underlying date of injury in this case is 07/10/2008. The primary diagnosis is a lesion of ulnar nerve. Treating physician notes include the diagnoses of pain in limb, radial styloid tenosynovitis, right elbow lateral epicondylitis, and long-term medication use. As of 08/28/2013, the treating physician saw the patient in followup regarding the right elbow. The patient's symptoms were unchanged versus 07/31/2013. The patient was attending acupuncture and felt this was helping with the neck, but there was minimal relief from the elbow to the shoulder. The patient felt a Flector Patch and an H wave unit were helpful. The patient was noted to be status post right elbow lateral epicondyloplasty and radial tunnel decompression in February 2012 with the comorbidities of radial tunnel syndrome, right elbow tunnel syndrome, and right elbow lateral epicondylitis. A continued home exercise program was recommended. An initial physician review notes that this patient underwent surgery in February 2013 which included a lateral epicondyloplasty and radial tunnel decompression and that there were formal reports of physical therapy available through early June 2013. This review indicated that there was not sufficient information to support additional postoperative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x3 to right elbow/wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines for the elbow and upper arm, page 17, recommend lateral epicondylitis "...Postsurgical Treatment: 12 visits over 12 weeks...Postsurgical Physical Medicine: 6 months." Additionally, the general instructions for postsurgical treatment, section 24.3, state, "With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." The medical records in this case do not clarify a rationale as to why additional supervised therapy is indicated beyond the postoperative therapy the patient previously received. The treatment guidelines anticipate that this patient would have transitioned to an independent home rehabilitation program by the timeframe under review. The requested additional physical therapy is not medically necessary.