

<b>Case Number:</b>	CM13-0007548		
<b>Date Assigned:</b>	09/05/2013	<b>Date of Injury:</b>	05/16/2003
<b>Decision Date:</b>	01/17/2014	<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 Family Practice 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This patient is a 52-year-old injured worker who reported an injury on May 16, 2013. Per the documentation submitted for review this patient underwent right tennis elbow debridement with medial epicondylar PRP injection on May 31, 2013. The patient was evaluated on June 4, 2013, with notes indicating on physical examination that the patient had active range of motion and strength testing deferred. However, the patient was indicated as neurovascularly intact and the ligaments were indicated as stable. The remainder of the patient's examination was within normal limits. Notes indicated the patient was to start physical therapy with 6 sessions of treatment authorized. Followup evaluation of the patient on June 25, 2013 indicated that the patient was 3 weeks status post surgery. Notes reflected that the patient had significant improvement with 6 sessions of physical therapy completed. However, recommendation was made for further physical therapy, with notes showing that the patient was reporting significant pain discomfort in the area of the lateral epicondyle. Physical examination of the right elbow revealed no swelling or erythema with the incision site, which as well healed and range of motion was limited with -10 degrees of extension actively. There was full range of motion passively and discomfort was noted at end range of full extension. The patient has significant tenderness to palpation directly over the area of the incision and the distal circulation was noted to be intact. Recommendation was made for an additional 6 sessions of physical therapy to improve strength as well as range of motion. Followup evaluation of the patient on July 23, 2013, indicates on exam that range of motion was near full with discomfort noted at end ranges of full extension and flexion. The upper extremity neurovascular examination was

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 8 Sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS post-surgical guidelines recommend 12 visits over 12 weeks following lateral epicondylitis surgery; with a postsurgical physical medicine treatment period of 6 months. The documentation submitted for review indicates that the patient has completed 6 initial sessions of postoperative physical therapy following lateral epicondylitis surgery. Notes indicate that the patient had made marked gains with 6 sessions attended and the most recent evaluation of the patient on July 23, 2013, indicates the patient to have near full range of motion with only discomfort noted at end ranges of full extension and flexion. Additionally, tenderness was noted to palpation directly over the area of the incision. However, there remains a lack of documentation indicating functional deficits for which the patient requires additional physical therapy. Furthermore, there is a lack of documentation indicating exceptional factors for the patient to continue with physical therapy treatment versus a home exercise program from which the patient may derive further benefit. The request for 8 sessions of physical therapy are not medically necessary and appropriate.