

<b>Case Number:</b>	CM13-0008435		
<b>Date Assigned:</b>	09/17/2013	<b>Date of Injury:</b>	11/12/1996
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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.

### 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 11/12/1996. The primary diagnosis is lateral epicondylitis. This patient has a history of extensive past treatment including several cubital tunnel release surgeries, most recently in 2009 which also included a carpal tunnel release. The patient also underwent a right epicondylar repair on 05/30/2012. The patient received medications as well as postoperative physical therapy after the 2012 procedure. An initial physician review indicated that the medical records through 06/28/2013 did not clarify goals or specific rationale for additional physical therapy. A physician office note of 06/28/2013 notes the patient continued to experience pain in her left elbow along the ulnar nerve. The patient was diagnosed with left cubital tunnel syndrome with a history of right and left lateral epicondylar repairs. The treatment request was for postoperative therapy for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1. Twelve (12) physical therapy sessions for the right elbow: Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 99.

**Decision rationale:** The Medical Treatment Utilization Schedule Postsurgical Treatment Guidelines, page 11, section 24.3, state, "If it is determined that additional functional

improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." Additionally, I note the Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, "Allow(s) for fading of treatment frequency plus active self-directed home physical medicine." The guidelines therefore anticipate that this patient would have transitioned to independent active home rehabilitation by this time. The medical records request additional therapy, but it is unclear why additional supervised therapy is needed rather than continued independent home exercise or how this proposed physical therapy would differ from past treatment. At this time this request is not medically necessary.