

Case Number:	CM13-0010733		
Date Assigned:	09/18/2013	Date of Injury:	04/27/2012
Decision Date:	01/27/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/13/2013

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 patient is a 51-year-old male who reported injury on 04/27/2012 with the mechanism of injury being the patient was lifting and moving a washing machine. The patient was noted to undergo a right elbow extensor slide with lateral epicondylectomy on 03/12/2013. The patient was noted to have continued pain, modified activity level, and it was noted that physical therapy was benefiting the patient. The patient's diagnoses were noted to include epicondylitis on the right lateral elbow. The request was made for physical therapy for 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2x a week for 4 weeks: 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 Physician Reviewer's decision rationale: California MTUS Postsurgical Guidelines recommend the postsurgical treatment for lateral epicondylitis for 12 visits over 24 weeks. The clinical documentation submitted for review indicated that the patient had participated in 38 physical therapy sessions. However, it failed to provide a recent physical therapy re-evaluation indicating the patient's functional deficits that remain. The patient should be well-versed in a home exercise program. There was a lack of documentation including

exceptional factors to warrant continuation of further therapy. Given the above, the request for postoperative physical therapy 2x4 is not medically necessary.