

Case Number:	CM13-0016341		
Date Assigned:	11/06/2013	Date of Injury:	05/04/2006
Decision Date:	01/31/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 50-year-old female with continuing right elbow pain. Date of injury was May 5, 2006. Diagnosis was right elbow lateral epicondylitis. The patient underwent surgical debridement on 11/17/11 achieving 40% relief of her pain for 8 months. The patient was reassessed by a hand specialist for persistent elbow pain. Request for authorization of the right elbow was request and denied. Treatment included medications and home exercise. Request for authorization for postoperative outpatient occupational therapy for 2 visits per week for 4 weeks was submitted on June 10, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34, Postsurgical Treatment Guidelines Page(s): 10-17.

Decision rationale: Post-Surgical Treatment Guidelines recommend postsurgical treatment of 12 visits over 12 weeks with postsurgical physical medicine treatment period of 6 months for lateral epicondylitis. In this case the surgery was not authorized. Conservative care should be maintained for a minimum of 3-6 months. Although some individuals will improve with surgery for lateral epicondylalgia, at this time there are no published randomized control trials that

indicate that surgery improves the condition over non-surgical options. This patient has been surgically treated once already with limited success. The authorization for the procedure was denied. Therefore, the postoperative occupational therapy is not authorized.