

Case Number:	CM13-0017062		
Date Assigned:	10/11/2013	Date of Injury:	12/12/2007
Decision Date:	06/05/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 applicant has filed a claim for chronic elbow pain reportedly associated with an industrial injury of December 12, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; an elbow epicondyle release surgery of April 26, 2013; and 12 to 16 sessions of postoperative physical therapy, per the claims administrator. In an August 6, 2013, progress note, the claims administrator partially certified a request for 12 sessions of physical therapy as four sessions of physical therapy. The claims administrator stated that the applicant had already had 12 sessions of physical therapy through that point in time. A clinical progress note of July 24, 2013 was notable comments that the applicant was not working and had been off of work for more than two years. The applicant last worked in 2007 and has also filed for long-term disability, it is stated, in addition to receiving monies through the Worker's Compensation System. 12 sessions of postoperative physical therapy were endorsed, along with the combination electrotherapy device, and a hot and cold device. The applicant was described as totally temporarily disabled on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, RIGHT ELBOW, QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant had already had prior treatment (12 to 16 sessions), seemingly in excess of the 12-session course recommended in MTUS 9792.24.3 during the six months following earlier epicondylar release surgery on April 26, 2013. As further noted in section 9792.24.3.c.4.b, in cases in which no functional improvement is demonstrated, post surgical treatment shall be discontinued at any point within the post surgical treatment period. In this case, the applicant remained off of work, on total temporary disability, as of August 2013, some three and a half months removed from the date of the elbow surgery. The applicant remained highly reliant on various medical treatments, including medications, a combination electrotherapy device, etc. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier postoperative physical therapy in excess of the guideline. Therefore, the request for 12 additional sessions of physical therapy is not medically necessary.