

<b>Case Number:</b>	CM13-0019053		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/24/2003
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Family Practice and is licensed to practice in Texas. 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 patient is a 58-year-old injured worker who reported an injury on 04/24/2003. The mechanism of injury was not provided in the medical records. The patient was noted to be status post medial epicondylectomy of the right elbow. Objective findings noted that range of motion was decreased, as extension 60 degrees, pronation and supination causes severe pain, and tenderness at the biceps tendon was noted. Diagnoses are listed as right shoulder impingement, tendonitis/possible tear of rotator cuff, status post right elbow epicondylectomy on 02/23/2013, ulnar nerve neuropathy on the right side, tendonitis of the right wrist, and insomnia. A recommendation was made for postoperative physical therapy twice a week for 5 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice a week for 5 weeks for the right elbow:** 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 California Postsurgical Guidelines state that postoperative physical therapy following a medial epicondylectomy of the elbow is recommended at the total of 12 visits over 12 weeks, with a postsurgical physical medicine treatment period of 6 months. The

guidelines further state that an initial course of therapy means one half the number of visits specified in the general course of therapy for the specified surgery, which is 12 visits. Therefore, according to the guidelines, an appropriate initial course of therapy for this patient would be 6 visits. Following the initial course of therapy, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy, with documentation of functional improvement. As the request for therapy twice a week for 5 weeks exceeds the guideline's recommendation for an initial course of therapy following a medial epicondylectomy, the request is not supported. Additionally, as the patient's surgery was noted to have been performed on 02/23/2013, the patient's postsurgical physical medicine period has expired. The request for physical therapy, twice a week for five weeks, is not medically necessary and appropriate.