

<b>Case Number:</b>	CM13-0025668		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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, has a subspecialty in Sports Medicine, and is licensed to practice in New York, and 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 48-year-old injured worker who reported a work-related injury on 08/23/2012 specific mechanism of injury not stated. Subsequently, the patient is status post right tennis elbow surgery as of 01/10/2013. Currently the patient presents for treatment of a right common extensor tendon tear status post repair, right shoulder impingement syndrome, and adhesive capsulitis secondary to decreased mobilization because of right elbow surgery. The clinical note dated 09/24/2013 reports the patient was seen under the care of [REDACTED]. The provider documents physical exam of the patient's right elbow revealed the common extensor tendon was minimally tender to palpation with a well-healed scar over the lateral epicondyle and full range of motion was noted about the elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for four weeks for the right elbow:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review reports the patient is over a year and a half status post surgical interventions performed about the right elbow. The provider is requesting additional physical therapy interventions for the patient's right elbow symptomatology. However, the clinical notes lack evidence of significant objective findings and functional deficits upon physical exam of the patient's right elbow. The provider documented the patient's range of motion was within functional range. The California MTUS indicates, allow for fading of treatment frequency from up to 3 visits per week to 1 or less with active self-directed home physical medicine. The request for physical therapy three times a week for four weeks for the right elbow is not medically necessary and appropriate.