

Case Number:	CM13-0028948		
Date Assigned:	03/19/2014	Date of Injury:	01/11/2011
Decision Date:	07/14/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/24/2013

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 injured employee is a 55-year-old male injured on January 11, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note indicates that there are ongoing complaints of elbow pain. The physical examination demonstrated tenderness to palpation, persistent tingling in the upper extremity and no other findings reported. Diagnostic imaging studies objectified a mild common extensor tendonitis. Previous treatment included physical therapy. A request had been made for additional physical therapy and was not certified in the pre-authorization process on September 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR THE RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting the date of injury, the surgery completed, the metaphysical therapy already conducted, there is no clinical indication that any additional physical therapy would advance the treatment of this injury. All that would be supported is a home exercise

protocol. Therefore, when taking into account the treatment plan parameters outlined in the postsurgical chapter of the guidelines, the metaphysical therapy already completed and the physical examination, this request is not medically necessary.