MAXIMUS Federal Services

Case Number:	CM13-0029141		
Date Assigned:	11/01/2013	Date of Injury:	02/10/2010
Decision Date:	01/06/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

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 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of September 10, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; prior lateral epicondylar release surgery of May 15, 2013; elbow corticosteroid injections; 11 to 12 sessions of postoperative physical therapy; MRI imaging of left elbow of August 28, 2013, notable for a tear of the left common extensor tendon, consistent with lateral epicondylitis; and extensive periods of time off of work.In a utilization review report of September 10, 2013, the claims administrator denied a request for additional postoperative physical therapy. The applicant's attorney later appealed on September 18, 2013.A later progress note of October 7, 2013 is notable for comments that the applicant has mild discomfort about the elbow. Symptoms are much improved. Right elbow range of motion is normal despite mild pain with resisted extension. A 5-pound lifting limitation is endorsed. The applicant is, it is incidentally noted, asked to pursue to left elbow surgery. Multiple handwritten orthopedic notes of August 6, 2013 and August 22, 2013, are noted. These are difficult to follow and seemingly notable for comments that the applicant is asked to continue occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative occupational therapy to treat right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.3.c.4, the frequency of postoperative physician will be gradually reduced or discontinued as the applicant gains independence in management of symptoms and with achievement of functional goals. In this case, the limited information on file seemingly suggests that the applicant had responded favorably to 12 prior sessions of elbow therapy following lateral 12 prior sessions of lateral epicondylar release surgery. It does not appear that the claimant has any significant right elbow deficits which would warrant additional treatment as of the date of the request. The documentation on file suggested that the applicant has exhibited a near full recovery following right elbow surgery. It is further noted that the attending provider has not specified the frequency and amount of additional postoperative therapy requested here. For all of these reasons, then, the request is not certified, on independent medical review.