

<b>Case Number:</b>	CM13-0030392		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	10/15/2011
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 and is licensed to practice in Oklahoma 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 47-year-old female who reported an injury on 10/15/2011. The mechanism of injury was not noted in the medical records. The patient's symptoms include right shoulder and right elbow pain. The physical exam findings noted tenderness of the right shoulder and right elbow. The recent x-rays of the right elbow showed no calcifications in the soft tissues. The patient was noted to have previously completed 24 occupational therapy treatments following a right elbow lateral epicondylitis debridement of loose bodies on 05/21/2013. It was noted that she had demonstrated significant gains in strength with the treatment; however, function was noted to be about the same. A recommendation was made for an additional 12 visits of therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**twelve (12) additional physical therapy sessions to the right elbow: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to California MTUS Postsurgical Guidelines, postsurgical therapy is recommended following surgery for lateral epicondylitis at 12 visits over 12 weeks. The patient was noted to have previously had 24 visits of physical therapy which exceeds the recommendation by guidelines for 12 visits over 12 weeks. Additionally, it was noted that the

patient had failed to show significant functional gains with her previous treatments. As the patient was not shown to have increased her function with previous therapy and current physical exam showed no objective functional deficits, further physical therapy is not supported. For these reasons, the request is non-certified.