

Case Number:	CM13-0032946		
Date Assigned:	12/06/2013	Date of Injury:	05/19/2012
Decision Date:	03/17/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/08/2013

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 Orthopedic Surgery 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.

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 42-year-old female who reported an injury on 05/19/2012, due to a traumatic confrontation that resulted in a contusion on the elbow, which caused severe pain. The patient ultimately underwent surgical intervention to repair damage to the common extensor tendon in 04/2013. The patient underwent a course of postoperative physical therapy. The patient's most recent clinical evaluation indicated that the patient had full range of motion of the elbow with some residual tenderness over the radial tunnel and pain radiating into the wrist. The patient's treatment recommendations included continued physical therapy and anti-inflammatories with a transition into a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seven (7) additional physical therapy sessions for the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow: Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The clinical documentation submitted for review provides evidence that the patient has had extensive physical therapy for this injury, and is participating in a home exercise program. The Chronic Pain Guidelines recommend that patients be transitioned into a home

exercise program to maintain improvements obtained during supervised skilled therapy. The clinical documentation indicates that the patient has full range of motion of the elbow with some residual pain. The clinical documentation also indicates that the patient has been instructed in a home exercise program. There are no exceptional factors to preclude further progress of the patient while participating in a self-directed home exercise program. Therefore, the need for seven (7) additional physical therapy sessions is not supported. As such, the request is not medically necessary or appropriate.