

Case Number:	CM13-0037745		
Date Assigned:	12/18/2013	Date of Injury:	03/20/2012
Decision Date:	04/30/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 53 year old female with a date of injury on 03/20/2012. She had left lateral epicondylitis and on 09/20/2012 had left ulnar nerve decompression. After the surgery she had 14 post operative physical therapy visits. She was treated with injections and acupuncture. The diagnosis was left lateral epicondylitis. Then on 07/18/2013 she had arthroscopic left lateral epicondyle release surgery with a common extensor tendon repair. Then she had 8 post operative physical therapy visits. On 08/29/2013 she had the 7th of 8 post operative visits. The range of motion and the strength were not noted. On 09/04/2013 she had the 8th post operative physical therapy visit. She noted that her elbow hurt a lot yesterday. Again, there was no objective documentation of range of motion or strength. The request is for an additional 8 physical therapy visits for the left elbow in 10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 4 LEFT ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: There are two reasons that the additional 8 post operative physical therapy visits are not certified. First MTUS ACOEM page 17 notes that the maximum allowed post

operative physical therapy for the surgical treatment of lateral epicondylitis is 12 visits over 6 months. She already had 8 post operative physical therapy visits and the additional requested 8 visits would exceed the maximum number of physical therapy visits allowed under MTUS guidelines. Second, there must be objective documentation of functional improvement for further physical therapy to be approved. For physical therapy visits 7 and 8 there were no objective measurements of range of motion or strength. There was no documented improvement in the ability to do the activities of daily living.