

<b>Case Number:</b>	CM13-0044601		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopedic Surgery 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 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:

This is a 51-year-old gentleman who sustained an injury to his right upper extremity on 08/06/12. Clinical records available for review indicate a 03/25/13 normal electrodiagnostic study. Specific to the elbow there was documentation of lateral epicondylitis that was treated conservatively. The 10/07/13 follow up report indicated continued complaints of pain. At that time, it was noted the claimant had been status post a prior subacromial decompression to the shoulder. In regards to the elbow, there was a continued lateral epicondylar finding for which surgical intervention in the form of lateral epicondylectomy and loose body removal was recommended. An initial request for physical therapy for twelve sessions of care was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 POST OPERATIVE PHYSICAL THERAPY SESSIONS FOR TREATMENT OF THE RIGHT ELBOW:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

**Decision rationale:** The Expert Reviewer's decision rationale: Based on California MTUS chronic pain medical treatment guidelines physical therapy in this case would be supported.

Records indicate the claimant has had no postoperative physical therapy with this being the initial clinical request. Guideline criteria would recommend the up to twelve visits over a twelve week period of time. Given this specific request for twelve sessions of therapy the request in this case would be supported.