

<b>Case Number:</b>	CM13-0047277		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/31/2006
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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, has a subspecialty in Interventional Spine 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 patient is a 47 year-old female who was injured on 7/31/2006. According to the 8/20/13 report from [REDACTED], she had surgery on the right elbow on 6/11/13. Her diagnoses were cervical radiculopathy, bilateral tennis elbow, s/p right common extensor tendon release; bilateral CTS, lumbar radiculopathy and anxiety reaction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for four weeks to the right elbow, lower back and neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The patient was reported to have had right elbow surgery for tennis elbow on 6/11/13. The request for physical therapy 3x4 is within the MTUS post-surgical physical medicine treatment timeframe. The surgeon requested the initial post-surgical physical therapy on 7/9/13, 12 sessions which the patient was to have started on 7/12/13. The 8/20/13 report states the patient is in physical therapy, but does not document any functional benefit with physical

therapy. The California MTUS post-surgical guidelines state the general course of care for this case, is 12 sessions of physical therapy, the initial course of care would be half or 6 sessions. The California MTUS states specifically: "In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period" The California MTUS guidelines require discontinuing physical therapy where no functional improvement is documented. The request to continue physical therapy without documented functional improvement is not in accordance with MTUS guidelines.