

Case Number:	CM13-0051639		
Date Assigned:	12/27/2013	Date of Injury:	01/13/2012
Decision Date:	09/05/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 46-year-old individual. The injured worker's date of injury was January 13, 2012. The patient carries a diagnosis of lateral epicondylitis. The disputed request is for physical therapy 2 times a week for one week for the right elbow. A utilization review determination had denied this request, stating that there was no comprehensive outline of previous physical therapy to date and the functional benefit of such therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS 2 TIMES PER WEEK FOR 1 WEEK IN TREATMENT OF 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 CHAPTER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Physical Medicine Section>, page(s) 99 Page(s): 99.

Decision rationale: Extensive medical records were reviewed in this case The patient has chronic right elbow lateral epicondylitis and on March 6, 2013 underwent a right elbow open Epicondylectomy with a Microtenotomy. There are numerous progress reports available, but

there does not appear to be a recent comprehensive summary of the patient's functional response to physical therapy to date. Therefore this request is not medically necessary.