

Case Number:	CM13-0052237		
Date Assigned:	12/27/2013	Date of Injury:	04/22/2011
Decision Date:	02/18/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/28/2013

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 Pain Management 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:

This is a female patient with the date of injury of April 22, 2011. A utilization review determination dated October 10, 2013 recommends non-certification of post-op physical therapy 3x week x 4 weeks right elbow. The previous reviewing physician recommended non-certification of post-op physical therapy 3x week x 4weeks right elbow due to lack of documentation of evidence to support a request for surgical intervention for the right elbow. An Encounters and Procedures report dated 4/11/13 identifies that she has developed numbness, tingling and pain into the fourth and fifth digits of her hands. Physical exam identifies right elbow flexion 150 degrees, extension full, supination 90 degrees, pronation 90 degrees. Tinel's sign over the cubital tunnel bilaterally. Assessment/Plan includes lesion of ulnar nerve. Authorization was requested for a medial epicondylectomy of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 x week x 4 weeks right elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Physical Therapy.

Decision rationale: Regarding the request for post-op physical therapy 3 x week x 4 weeks right elbow, CA MTUS Postsurgical Treatment Guidelines do not address the issue. ODG recommends up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long term resolution of symptoms, plus active self-directed home PT. ODG goes on to recommends up to 12 visits over 12 weeks in the postoperative management of epicondylitis. Within the medical information made available for review, there is no documentation that the patient underwent the proposed medial epicondylectomy of the right elbow. The patient's current condition is unknown. Additionally, the currently requested number of therapy visits would exceed the recommendations for an initial trial of therapy; or, if a trial has been performed, 12 additional visits would exceed the maximum number of therapy visits for this condition. In the absence of clarity regarding those issues, the currently requested post-op physical therapy 3 x week x 4 weeks right elbow is not medically necessary.