

Case Number:	CM13-0054863		
Date Assigned:	12/30/2013	Date of Injury:	05/17/2011
Decision Date:	05/06/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/20/2013

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 as an Orthopedic Surgeon and is licensed to practice in Georgia. 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 43-year-old female who reported an injury on 05/17/2011. The injured worker reportedly twisted her right upper extremity while grabbing onto a rail to break her fall. The injured worker is status post lateral epicondylar release with synovectomy on 07/11/2013. Current diagnoses include right lateral epicondylar release and right carpal tunnel syndrome. The injured worker was evaluated on 09/27/2013. Physical examination revealed improving range of motion. Treatment recommendations included continuation of current physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional physical therapy for right elbow and shoulder: 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 Page(s): 10,16-17..

Decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following lateral epicondylitis includes 12 visits over 12 weeks. The injured worker has completed an

unknown amount of physical therapy to date. Despite ongoing treatment, the injured worker continued to report 7/10 pain with difficulty performing overhead activities. Without evidence of objective functional improvement, additional treatment cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified.