

Case Number:	CM13-0055428		
Date Assigned:	12/30/2013	Date of Injury:	06/18/2011
Decision Date:	05/19/2014	UR Denial Date:	11/01/2013
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 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:

The claimant is a 46-year-old female who was injured 6/18/11. The records provided for review document an injury to the left upper extremity, specifically the elbow, for a diagnosis of lateral epicondylitis. The clinical progress report of 11/11/13 documents a diagnosis of status post lateral epicondylar release on 02/22/13 with residuals, depression and sleeping difficulty. Physical examination was documented as diminished grip strength of the left hand, tenderness and "tightness" of the left elbow and range of motion was not documented. After surgery through discharge from physical therapy on 06/27/13 the claimant completed 16 sessions of therapy. The recommendation on 11/11/13 was for twelve additional sessions of physical therapy in the postoperative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT UPPER EXTREMITY:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Guidelines do not support an additional 12 sessions of physical therapy for the left upper extremity. Following surgery in February 2013

the claimant attended sixteen sessions of therapy and was discharged from physical therapy in June 2013. The Postsurgical Guidelines recommend twelve therapy sessions over twelve weeks to be completed within six months after an epicondylar release. There is no documentation of objective findings on examination within the records provided for review to support the need for additional therapy. The additional twelve sessions requested would exceed the Postsurgical Guidelines and the medical records do not indicate that the claimant would be an exception to the recommended guidelines. The request is not medically necessary or appropriate.