

Case Number:	CM13-0057334		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2013
Decision Date:	05/20/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 31-year-old gentleman who was injured on 05/01/13. The clinical records for review indicate a right elbow injury, which failed conservative care, and led to an August 26, 2013 right elbow lateral epicondylar release of the extensor origin. Postoperatively, the claimant is noted to have been treated with a course of formal physical therapy. On October 9, 2013, a follow-up showed the examination to be with a well healed incision, 10 to 120 degrees range of motion, and continued tenderness about the lateral epicondyle. The advancement of work activities in continuation of physical therapy was recommended. It is noted that at present, there has been documentation, with at least (12) twelve sessions of formal physical therapy. There is a prescription for eighteen (18) additional sessions of therapy to the claimant's right elbow at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POSTOPERATIVE OCCUPATIONAL THERAPY SESSIONS FOR THE RIGHT ELBOW THREE (3) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines recommend twelve (12) visits over twelve (12) weeks for the postsurgical treatment for lateral epicondylitis/tennis elbow. The Guidelines also indicate that the postsurgical physical medicine treatment period is six (6) months. To date, the claimant has attended twelve (12) sessions of therapy. The specific eighteen (18) additional sessions of therapy would exceed guideline criteria and would not be indicated as medically necessary.