

Case Number:	CM13-0057857		
Date Assigned:	12/30/2013	Date of Injury:	03/09/2012
Decision Date:	04/30/2014	UR Denial Date:	11/01/2013
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 Physical 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:

This female sustained an injury on 3/9/12 while employed by [REDACTED]. Request under consideration include POST-OPERATIVE PHYSICAL THERAPY 3XWK X 3WKS, LEFT ELBOW. Report of 10/22/13 from the provider noted the patient is s/p platelet rich plasma injection on 1/9/13 with refractory left lateral elbow pain. She had exhausted conservative care of chronic splinting, modified work, long-term use of anti-inflammatory medication, multiple steroid dexamethasone injections to the lateral epicondyle with significant temporary symptom reduction, partial symptom reduction with platelet injection; and appropriate physical therapy course. An exam noted left upper extremity remained unchanged; moderate facet tenderness over both medial and lateral epicondyles of left elbow extending over common extensor and flexor origins; localized tenderness over carpal tunnel of left side; negative Tinel's and Phalen's; left shoulder range attenuated with moderate anterior and subdeltoid tenderness; left trapezius and rhomboid tenderness extending to left cervical region; and crepitance of left shoulder motion. Diagnosis was Lateral epicondylitis. Surgical authorization was pending for left elbow denervation procedure. Medications list Voltaren, Protonix, Tramadol, and Xanax. MRI of left elbow on 8/8/13 documented normal morphology and signal intensity; small elbow joint effusion but there is no loose body recognized; Lateral elbow noted no obvious lateral ligamentous injury and common extensor tendon appears normal; cartilage loss of radiocapitellar joint with marrow edema and small cyst formation; medial elbow noted mild cartilage loss with minor edema of the olecranon; negative medial ligamentous evaluation with normal pronator tendon group; no discrete tear of triceps tendon with minor muscular edema; normal biceps and brachialis tendons; and negative ulnar nerve cubital tunnel evaluation. The above request for post-op therapy to left elbow was partially-certified from quantity 9 visits to 6 visits citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY 3XWK X 3WKS, LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 6-7.

Decision rationale: The patient exhausted conservative care of chronic splinting, modified work, long-term use of anti-inflammatory medication, multiple steroid dexamethasone injections to the lateral epicondyle with significant temporary symptom reduction, partial symptom reduction with platelet injection; and appropriate physical therapy course. An exam noted left upper extremity remained unchanged; moderate facet tenderness over both medial and lateral epicondyles of left elbow extending over common extensor and flexor origins. An MRI of left elbow on 8/8/13 showed no tear or loose body with intact ligaments and tendons along with cubital tunnel ulnar nerve morphology. Diagnosis was Lateral epicondylitis. Surgical authorization was pending for left elbow denervation procedure. The request for post-op therapy to left elbow was partially-certified from quantity 9 visits to 6 visits citing guidelines criteria and lack of medical necessity. It is unclear whether the left elbow surgical procedure has been authorized and proceeded. Postsurgical treatment course include recommendation for 12 total Physical Therapy (PT) visits over 12 weeks period for lateral epicondylitis procedure with initial number of visit trial and further consideration pending documentation of functional improvement. Submitted reports have not adequately documented support for the above request outside the guidelines criteria and recommendations. The Post-Operative Physical Therapy 3XWK X 3WKS, Left Elbow is not medically necessary and appropriate.