

Case Number:	CM13-0058214		
Date Assigned:	01/03/2014	Date of Injury:	05/22/2011
Decision Date:	04/15/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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 Family Practice, and is licensed to practice in Texas. 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 patient is a 53-year-old female who reported an injury on 05/22/2011. The mechanism of injury was not specifically stated. The patient is diagnosed with tenosynovitis of the wrist and hand, lateral epicondylitis, and cervicalgia. The patient was seen by [REDACTED] on 11/08/2013. It was noted that the patient was 3 days status post lateral epicondylectomy. Physical examination revealed an intact and well healing incision. Treatment recommendations included physical therapy twice per week for the next 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL PHYSICAL THERAPY: 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 Page(s): 17.

Decision rationale: The 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 patient has begun a course

of postoperative physical therapy. The additional request for 8 sessions of physical therapy exceeds Guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. As such, the request for Physical Therapy is non-certified.