

Case Number:	CM13-0058774		
Date Assigned:	12/30/2013	Date of Injury:	03/02/2013
Decision Date:	04/30/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	11/27/2013

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 Medicine, and is licensed to practice in Arizona. 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 39 year old female with a date of injury on 3/02/2013. The patient has been treated for symptoms related to her neck, right shoulder, and right elbow. Subjective complaints are of elbow pain located in the extensor surface of the forearm distal to the lateral epicondyle. Physical exam shows tenderness of the forearm extensor musculature. An MRI of the right elbow from 10/02/2013 notes a partial tear at the origin of the extensor tendon. Prior treatment has included medication, physical therapy, acupuncture, a tennis elbow splint, and steroid injections. Due to these findings and continued pain, arthroscopic debridement and possible lateral release with post-operative physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY FOR THE RIGHT ELBOW (3x4):

Overtured

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

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

Decision rationale: The MTUS Postsurgical Guidelines recommend 12 visits over 12 weeks for physical therapy after surgery for lateral epicondylitis. Therefore, the current request for twelve

sessions is consistent with the MTUS Guidelines' recommendations. The request is medically necessary and appropriate.