

Case Number:	CM13-0059714		
Date Assigned:	12/30/2013	Date of Injury:	07/31/2006
Decision Date:	09/10/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/02/2013

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:

demonstrates claimant is 4 months status post lateral epicondylectomy on 6/11/13. Exam note from 7/9/13 demonstrates claimant is discharged from therapy. Claimant reports dull elbow pain with extremes of motion. Exam demonstrates slight swelling and tenderness. Increased tenderness is noted with resisted supination but no increased tenderness with resisted active extension of the middle finger or passive pronation of the forearm. Claimant is diagnosed with radial tunnel syndrome. OT notes from 7/12/13, 7/23/13, 7/26/13, 8/1/13, 8/13/13, 8/15/13, 8/26/13, 8/30/13,9/17/13 are attached in the submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation for the right elbow: Upheld

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

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

Decision rationale: CA MTUS/Post-surgical treatment guidelines, page 17 state that 12 visits over 12 weeks. In this case the requested 8 physical therapy visits is not medically necessary as the claimant has exceeded the time period from the lateral epicondylectomy and was discharged from therapy. There is no documentation in the records why a home program would not suffice

or objective findings to warrant exceeding the guideline recommendations. Therefore the determination is for not medically necessary.

Physical therapy treatment for the right elbow 2 times 4: Upheld

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

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

Decision rationale: CA MTUS/Post-surgical treatment guidelines, page 17 state that 12 visits over 12 weeks. In this case the requested physical therapy evaluation is not medically necessary as the claimant has exceeded the time period from the lateral epicondylectomy and was discharged from therapy. There is no documentation in the records why a home program would not suffice or objective findings to warrant a re-evaluation. Therefore the determination is for not medically necessary.