

<b>Case Number:</b>	CM13-0062835		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 29 years old and has a work injury dated 5/18/13. Her diagnoses include left lateral epicondylitis, elbow contusion. The patient is status post release of extensor origin, left elbow, with debridement for lateral epicondylitis on 8/28/13. There is a request for Physical therapy two (2) times a week for four (4) weeks. Per documentation the patient has been authorized 8/8 physical therapy sessions already and has made good progress. There is a 12/9/13 supplemental report, which states that the patient says her left arm feels good. She has no symptoms in the region of the left elbow. She mentions some discomfort in her right hand and thumb. Physical exam of the left upper extremity shows no swelling in the forearm or elbow. There is full left elbow motion. There is no tenderness at the left lateral elbow. The plan includes that the patient may resume regular work. On the 11/11/13 PR2 report the patient is attending therapy. She is not working. She feels her left elbow is improved. The scar on the lateral aspect of the left elbow is well healed with tenderness. There is good left elbow motion. The plan states that the patient should continue her therapy program. A prescription is provided for additional therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Physical Medicine Page(s): 99-100.

**Decision rationale:** Physical therapy two (2) times a week for four (4) weeks is not medically necessary per the MTUS guidelines. The guidelines state to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The Post Surgical Treatment Guidelines recommend up to 12 PT visits for this condition. The patient has already been authorized 8 visits and making progress. There are no extenuating circumstances, which would require an additional 8 visits of physical therapy. The request for physical therapy two (2) times a week for four (4) weeks is not medically necessary.