

<b>Case Number:</b>	CM14-0005205		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 57 year old female with a date of injury on 6/6/2011. Diagnoses include status post right open carpal tunnel release, right cubital tunnel syndrome, and right medial and lateral epicondylitis, and right third trigger finger. Subjective complaints are of numbness in the ulnar fingers. Physical exam shows positive direct compression hyperflexion test right cubital area, negative tinel, and negative ulnar nerve subluxation. MRI of the elbow shows mild common extensor tendinosis, mild biceps tendinosis, and ulnar nerve was noted to be normal in caliber and signal. The patient was given a cortisone injection to the right lateral epicondyle at the office visit. Submitted documentation indicates prior physical therapy for the wrist but not the elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 PHYSICAL THERAPY VISITS TWICE A WEEK FOR SIX WEEKS FOR THE RIGHT ELBOW:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Physical Therapy.

**Decision rationale:** California MTUS and the ODG recommend up to 14 physical therapy visits over 6 weeks for cubital tunnel syndrome, and up to 8 visits over 5 weeks for lateral epicondylitis. The patient has been diagnosed with both of these conditions, and per submitted documentation has not received physical therapy for the elbow. Therefore, the request for 12 physical therapy sessions is consistent with guideline recommendations and is medically necessary.