

Case Number:	CM14-0010183		
Date Assigned:	02/21/2014	Date of Injury:	09/02/2011
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/24/2014

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 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:

The claimant was injured in a work related accident on September 2, 2011. The records provided for review document that following a course of conservative care for the diagnosis of lateral epicondylitis, the claimant underwent a September 30, 2013 right elbow open lateral epicondylectomy with radiocapetallar joint repair and partial extensor mass removal. This was followed by twenty-four sessions of postoperative physical therapy. The progress report of January 30, 2014 documented well healed incisions of the right elbow, continued pain on palpation along the lateral aspect of the elbow, and full range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CONTINUED POST OPERATIVE PHYSICAL THERAPY TIMES SIX (6) SESSIONS TO THE RIGHT ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Following lateral epicondylar release, the Postsurgical Guidelines support up to twelve sessions of physical therapy over a twelve week period of time. At the time of the request, the claimant was greater than four months from surgery with an examination demonstrating full range of motion. The documentation indicates that the claimant has already

undergone twenty-four session of therapy to date. The additional six sessions of therapy would exceed the Postsurgical Guideline criteria and there is no documentation of objective findings to support the additional therapy. Therefore, the request for outpatient continued post operative physical therapy times 6 sessions to the right elbow is not medically necessary and appropriate. .