

Case Number:	CM14-0011924		
Date Assigned:	02/21/2014	Date of Injury:	02/04/2013
Decision Date:	07/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/29/2014

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 Physical Medicine and Rehabilitation 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 patient is a 46 year old female who has submitted a claim for right elbow lateral epicondylitis and elbow arthralgia associated with an industrial injury date of 02/04/2013. Medical records from 06/25/2013 to 02/06/2014 were reviewed and showed that patient complained of right elbow pain (grade not specified) which was described as needle-like. There was radiation towards her right arm. Physical examination of the right elbow revealed a clean and dry wound with no erythema. Right elbow ROM was -5 to 120 degrees and full range of supination and pronation was noted. There was no pain with wrist extension test. MRI of the right elbow dated 08/22/2013 revealed findings of marked attenuation of the radial collateral ligament, small elbow joint effusion, and moderate degenerative narrowing of the elbow joint. Treatment to date has included right elbow lateral epicondyle release (12/13/2013), 12 completed visits of post-operative physical therapy, Ketoprofen, Ibuprofen, Tylenol, Voltaren, and Prilosec. A utilization review dated 01/24/2014 denied the request for twelve visits of post-operative physical therapy at two times a week for six weeks to the right elbow because there was insufficient information provided to determine the medical necessity of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY 2X6 RIGHT ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the MTUS Postsurgical Guidelines, the recommended post-operative visits of physical therapy for lateral epicondylitis/tennis elbow are 12 visits over 12 weeks. In this case, the patient has already completed 12 visits of post-operative physical therapy. There is no discussion regarding the need for additional physical therapy sessions. Therefore, the request is not medically necessary and appropriate.