

<b>Case Number:</b>	CM14-0019759		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Texas. 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 injured worker is a 39 year old female whose date of injury is 11/18/2011. The injured worker developed right elbow and wrist discomfort secondary to repetitive job duties. Treatment to date includes elbow injections, right elbow lateral and medial epicondylectomy on 09/09/13, physical therapy and medication management. The injured worker was authorized for at least 14 postoperative physical therapy visits. Physical therapy progress report dated 12/02/13 indicates that the injured worker reports very stiff elbow. Orthopedic progress report dated 12/17/13 indicates that she is working on a home exercise program. She continues to note improvement and has returned to work at this point. Progress note dated 01/09/14 indicates that overall she feels she is doing well. She continues to have pain to the lateral and medial elbow on the right. She is having no numbness or tingling. On physical examination there is near symmetric range of motion with the nonaffected side. Strength is 5/5. Hawkins, O'Brien, supraspinatus testing are negative. There is elbow tenderness both laterally and medially over the scar sites. Sensation is intact. Finkelstein and Tinel's signs are negative. The injured worker was returned to full duty status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY, 3 TIMES A WEEK FOR 4 WEEKS, TO THE RIGHT SHOULDER, ELBOW, RIGHT WRIST: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The injured worker underwent right elbow lateral and medial epicondylectomy on 09/09/13 and has been authorized for at least 14 postoperative physical therapy visits to date. CA MTUS guidelines support up to 12 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The most recent physical examination submitted for review notes negative testing, 5/5 strength and near full range of motion. The injured worker was released to full duty work. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. The request is not medically necessary and appropriate.