

Case Number:	CM14-0122673		
Date Assigned:	08/06/2014	Date of Injury:	06/15/2012
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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 is a 52-year-old injured on June 15, 2012. The records available for review document an injury to the right elbow, for which this individual underwent an open lateral epicondylar debridement with extensive mass repair on March 21, 2014. On April 14, 2014, a progress report describes right elbow range of motion from 30 to 130 degrees, continued weakness at endpoints of motion, and negative Tinel's testing. In a May 13, 2014 follow-up report, the claimant is noted to have been progressing with physical therapy. Motion was improved from 3 degrees of extension to full flexion with some residual tenderness at the surgical site. On June 25, 2014, the claimant described bilateral upper extremity pain and right elbow discomfort status post-surgery. The note from that visit states the claimant has continued with physical therapy. Physical examination showed full flexion, extension, supination, pronation and 4/5 strength with tenderness to palpation. The records document at least 12 sessions of post-operative physical therapy. This request is for an additional 12 sessions of post-operative physical therapy for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions- 2 Times a Week for 6 Weeks- Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 additional sessions of physical therapy would not be indicated. For elbow surgery of this nature, the Postsurgical Guidelines provide for up to 20 sessions over a three-month period. This claimant has already completed at least 12 sessions following the March 2014 surgery. At the time of this request, the claimant was also more than three months post-surgery. Given these factors, the request for an additional 12 sessions of physical therapy at this stage of recovery exceeds the Postsurgical Guidelines maximums and falls outside the three-month post-surgical window. Therefore, the request for 12 Physical Therapy Sessions-2 Times a Week for 6 Weeks-Right Elbow is not medically necessary.