

<b>Case Number:</b>	CM14-0157128		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational Medicine 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 injured worker is a 37 year-old male who sustained work-related injuries on September 23, 2013. The mechanism of injury was holding a stylus with the right hand and his right elbow/arm got locked and so he straightened the elbow and heard a pop in the inner elbow area. On November 9, 2013, he underwent a magnetic resonance imaging (MRI) of the right elbow without contrast. Results revealed (a) mild joint effusion with no evidence of ligamentous tear identified at the level of the elbow. There was mild olecranon bursitis versus nonspecific edema involving subcutaneous soft tissues; and (b) mild tendinopathy involving the distal aspect of the biceps tendon. Per February 11, 2014 records, the injured worker complained right elbow popping sensation. He reported that after getting the shot on February 3, 2014, pain got much worse. He reported that his elbow was still locking. On examination, tenderness was noted over the lateral and medial epicondyle. On March 3, 2014, the injured worker returned to his provider and reported that his right elbow felt the same, hurts to pronate. Clicked with flexion/extension and was painful. A recently authorized magnetic resonance imaging (MRI) noted mild distal biceps tendinopathy, mild edema, and soft tissue swelling by the olecranon versus mild bursitis. Physical examination findings remained unchanged. He was recommended to undergo open synovectomy of the posterolateral elbow. He underwent right elbow surgery on April 2, 2014. Postoperatively, he received 12 postop physical therapy sessions to the right elbow. On June 24, 2014, the injured worker reported to his provider gradual improvement in his symptoms. On examination, he has full active and passive range of motion but continued to have tenderness over the incision site. On August 4, 2014, the injured worker returned to his provider for a followup visit. He was status post right elbow open synovectomy and reported significant improvement in his symptoms. A physical examination noted well-healed incision with no tenderness. He is diagnosed with status post right elbow open synovectomy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the right elbow 2 times per week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** According to evidence-based guidelines which state that if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. However in this case, the injured worker is noted to have completed 12 physical therapy sessions to the right elbow for the condition enthesopathy and its postsurgical physical medicine period is 6 months. Based on the records provided for review, the injured worker consistently reported significant improvements to his right elbow postoperatively. This is evidenced by the physical therapy notes dated June 25, 2014 which noted limited range of motion and 3+/5 muscle testing. However, physical therapy notes after June 25, 2014 noted that the injured worker's postoperative condition is further improving. On July 16, 2014, the injured worker reported that he only has deficit on his elbow extensor strength and strenuous pushing or pulling. June 24, 2014 records indicate objective finding of full active and passive range of motion with no clicking or catching. On August 4, 2014, the injured worker will be undergoing trial of full duty secondary to significant improvements with post-operative physical therapy however his provider felt that it is still incomplete and may gain further benefits from additional therapy sessions. Based on the above clinical presentation, it is evidence that the prior postoperative general course of physical therapy sessions have been beneficial to him however there is no indication that the injured worker will not be able to transition to a home exercise program or he is unable to perform unsupervised active home exercise programs. Therefore, the medical necessity of the requested physical therapy sessions to the right elbow twice per week for six weeks is not established.