

Case Number:	CM14-0157493		
Date Assigned:	09/30/2014	Date of Injury:	06/09/2007
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	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 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:

52-year-old female claimant with reported industrial injury of 6/9/07. Claimant is status post left elbow extensive debridement with a partial lateral epicondylectomy on 5/8/14. Claimant is noted to be off of work since June 2014. Exam note on 3/18/14 demonstrates moderate pain radiating into the arm, hand and fingers. Exam demonstrates that the left elbow is exquisitely tender at the lateral epicondyle. Painful extension is noted of the wrist against resistance. Claimant is noted to have had two cortisone injections into the left elbow. Request is made for left elbow lateral epicondylar extensor debridement with partial lateral epicondylectomy, sling and 8 session of postoperative physical therapy. Exam note from 8/19/14 demonstrates complaints of low back and elbow pain. Lumbar spine is noted to be tender with diagnosis of L3-S1 disc degeneration and multiple myofascial tender points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post op PT x 8, left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: CA MTUS/Post-surgical treatment guidelines, page 17 state that 12 visits over 12 weeks. CA Post-surgical treatment guidelines recommends of the initial allowable visits, or 6 visits. In this case the requested physical therapy visits is not medically necessary as request exceeds the recommended initial visits. Therefore the determination is for non-certification. This review presumes that a surgery is planned and will proceed. Therefore, Additional post-operative PT x 8, left elbow is not medically necessary.

PT 2 x 4, low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. CA MTUS recommends initially of the allowable visits with a re-assessment. As the requested physical therapy exceeds the recommendation and there is lack of objective findings on exam from 3/18/14, the determination is not medically necessary.