

<b>Case Number:</b>	CM14-0176539		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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:

43 year old male claimant with an industrial injury dated 11/04/13. The patient is status post a left common extensor tendon repair and partial lateral epicondylectomy as of 05/13/14. Conservative treatments have included physical therapy and medications. Exam note 10/08/14 states the patient returns with left arm pain. The patient rates the pain a 6/10 and centralized around the elbow. The patient explains that the pain radiates down the arm. Upon physical exam there was evidence of tenderness with any movement. It is noted that the elbow pain to palpation is worsening. Due to pain the patient's range of motion is limited. Treatment includes additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: additional post-operative physical therapy x 6 for the left elbow:** Upheld

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

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

**Decision rationale:** CA MTUS Post Surgical Treatment Guidelines, Elbow, Lateral epicondylitis, page 17 state that 12 visits over 12 weeks. In this case the requested physical

therapy visits are not medically necessary as there is no documentation in the exam notes from 10/8/14 why a home program would not suffice or objective findings to warrant exceeding the guideline recommendations. Therefore the determination is not medically necessary.