

Case Number:	CM14-0020810		
Date Assigned:	04/30/2014	Date of Injury:	11/26/2002
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 58 year-old with a date of injury of 11/26/02. A progress report associated with the request for services, dated 01/28/14, identified subjective complaints of right elbow pain. Objective findings included tenderness to palpation of the elbow but with normal range-of-motion. Diagnoses included status-post right elbow epicondylectomy. Treatment has included elbow arthroscopy with epicondylectomy in September 2013. It appears that she had 12 sessions of physical therapy thereafter. A Utilization Review determination was rendered on 02/11/14 recommending non-certification of "physical therapy 2 x 3 on the right elbow".

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 3 ON THE RIGHT ELBOW: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 11-12; 16-17.

Decision rationale: The MTUS Postsurgical Guidelines for the elbow recommend postsurgical physical medicine (PT) consisting of 20 visits over 2 months with a treatment period of 4-6

months. The general postoperative PT guidelines state that: "Treatment is provided to patients to facilitate postsurgical functional improvement". They further note 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". The non-certification was a modification of the number of sessions. However, the claimant is still within the treatment period and will not exceed the number of allowed visits. Therefore, the record does document the medical necessity for additional physical therapy 2x3 of the right elbow.