

<b>Case Number:</b>	CM14-0025430		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Emergency 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 patient has a reported date of injury on 1/29/2013. Mechanism of injury is reported as a fall from a truck leading to L elbow injury and knee injuries. The patient has a diagnosis of right knee patellofemoral chondromalacia, patellar tendinitis, and prepatellar bursitis. The left elbow has a diagnosis of left elbow reconstruction and pain. The patient had left elbow lateral collateral ligament reconstruction with hamstring allograft, ulnar nerve neurolysis and transposition and flexor mass repair on 5/20/13. Multiple medical records from the primary treating physician and consultants were reviewed. Records show that the patient has complains of improvement in the left elbow pains. There is no significant pain or complaint concerning the right knee from the reports from 1/27/14 or 2/27/14. Objective exam reports left upper extremity elevates to 90 degrees, flexes to 70 degrees, externally rotates to 40 degrees and internally rotates to trochanter and SI joint. The left elbow incision is healed and range of motion is 30-120 degrees. Pronation and supination to 60 degrees. Knee exam shows no antalgic gait, no atrophy, and normal range of motion. No joint line tenderness. The patient was mistakenly approved for left knee physical therapy and not the right knee, which was injured. The patient has not yet received any physical therapy for the affected knee. However, it is reported that patient has completed over 20 sessions of physical therapy of the affected left elbow. There are some reports of improvement in pain and range of motion. The MRI of right knee, performed on 2/9/13, is normal with some age appropriate changes. The MRI of left elbow, performed on 2/9/13, reports left rupture of the common flexor tendon from medial epicondyle with associate strain of flexor muscles, high grade partial thickness tear versus complete at origin of common extensor tendon of lateral epicondyle, torn radial collateral, lateral ulnar collateral as well as ulnar ligament complex tear. Bone contusion, large effusion and generalized edema were noted. No complete medication list was provided but prior and/or current medications include Norco, Tramadol, Flexeril,

OxyContin, Colace, Percocet, Voltaren, and Celebrex. Utilization review is for physical therapy of the right knee and left elbow, once a week for six weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY OF THE LEFT ELBOW ONCE A WEEK FOR SIX WEEKS:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11-12, 17.

**Decision rationale:** The patient is post-left elbow reconstruction and has completed 20 sessions of physical therapy. As per the Postsurgical Treatment Guidelines for the surgical reconstruction that the patient had done to the injured elbow, the patient may receive up to 30 physical therapy sessions over a 5-month period. The patient has reported improvement in pain and range of motion of the affected elbow since the physical therapy sessions. As per guidelines, the patient meets the criteria for additional physical therapy of the left elbow. Therefore, the requested physical therapy of the left elbow is medically necessary.