

Case Number:	CM14-0040530		
Date Assigned:	06/20/2014	Date of Injury:	08/13/2012
Decision Date:	07/29/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 60-year-old male with date of injury of 08/13/2012. The listed diagnoses per [REDACTED] dated 12/30/2013 are: 1. Status post right lateral epicondylitis release, 2006. 2. Right elbow severe cartilage loss. 3. Status post right wrist surgery. 4. Right De Quervain's tenosynovitis. 5. Carpal tunnel syndrome, right. 6. Status post right shoulder arthroscopic surgery, June 13, 2013. According to this report, the patient complains of continued severe right shoulder pain and increasingly severe right elbow pain. He had a common extensor tendon debridement versus repair. He is unsure of the exact surgery he had, but it was seven (7) years ago. He recently had right shoulder arthroscopy, which showed some mild improvement. The physical exam shows there is severe tenderness over the lateral epicondyle. There is pain with supination and pronation of the radial head and weakness in flexion and extension of the actual elbow. The treater referenced an MRI dated 12/21/2013, that showed some postsurgical changes to the elbow laterally and detachment of the majority of the common extensor tendon origin as well as the origin of the radial collateral ligament and the lateral ulnar collateral ligament. These findings are consistent with chronic lateral epicondylitis and current tearing. There is preservation, but only a few superficial fibers were shown. The utilization review denied the request on 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) postoperative physical therapy sessions for the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with right shoulder pain and severe right elbow pain. The patient is status post right lateral epicondylectomy from 2006 and the Postsurgical Guidelines do not apply. The treater is requesting twelve (12) postoperative physical therapy sessions for the right elbow. The Chronic Pain Guidelines recommend eight to ten (8 to 10) visits for myalgia, myositis, and neuralgia-type symptoms. The progress report dated 02/04/2014, notes that the patient continues to complain of sharp constant pain in the right elbow and the treater noted tenderness to the right elbow with painful range of motion. The treater also notes weakness to the right elbow. The review of 200 pages of records do not show any physical therapy reports to verify how many treatments were received and with what results were accomplished. The utilization review dated 02/21/2014, modified the request to six (6) visits. While the patient can benefit from a short course of physical therapy to improve range of motion and pain, the requested twelve (12) sessions exceeds the guideline recommendations of eight to ten (8 to 10) visits. The request is not medically necessary.