

Case Number:	CM14-0050684		
Date Assigned:	08/01/2014	Date of Injury:	05/22/2011
Decision Date:	08/29/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/20/2014

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 injured worker is a 53 year-old female, who sustained an injury on May 22, 2011. The mechanism of injury is not noted. Diagnostics are not noted. Treatments have included: medications; October 3, 2013 right elbow epicondylectomy with 18 post-op physical therapy sessions. The current diagnoses are: s/p right elbow epicondylectomy; cervical discogenic condition; bilateral carpal and cubital tunnel syndrome; bilateral shoulder impingement. The stated purpose of the request for physical therapy - right elbow, twice weekly for four weeks, was not noted. The request for physical therapy - right elbow, twice weekly for four weeks, was denied on March 3, 2014, noting that the injured worker has completed post-op physical therapy sessions in excess of the guideline recommended 12 sessions, without documented medical necessity additional therapy and why a home exercise program would be insufficient to address any residual functional deficits. Per the report dated January 10, 2014, the treating physician noted complaints of pain to the right wrist and right elbow, along with tingling and weakness, and has had physical therapy is doing home stretching. Exam findings included tenderness to the wrist, CMC and SC joint and medial and lateral aspects of the elbow with a right wrist positive Tinel sign. Per a physical therapy report dated January 16, 2014, the injured worker has a range of motion of -10 to 130 degrees with decreased grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy - right elbow, twice weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The requested physical therapy - right elbow, twice weekly for four weeks, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Post Surgical Rehabilitation, Elbow & Upper Arm, Lateral epicondylitis/Tennis elbow, Medial epicondylitis/Golfers' elbow, Page 16, recommend up to 12 post-op physical therapy for this condition. The injured worker has complaints of pain to the right wrist and right elbow, along with tingling and weakness, and has had physical therapy is doing home stretching. The treating physician has documented tenderness to the wrist, CMC and SC joint and medial and lateral aspects of the elbow with a right wrist positive Tinel sign. The injured worker has completed 18 post-op physical therapy sessions - in excess of the recommended 12 sessions. The treating physician has not documented sufficient objective evidence of derived functional improvement from completed therapy sessions, nor the medical necessity for additional physical therapy sessions in excess of recommended quantities versus continued participation in a dynamic home exercise program to address any residual functional deficits. The criteria noted above not having been met, Physical Therapy - Right Elbow, Twice Weekly For Four Weeks, is not medically necessary.