

Case Number:	CM14-0052093		
Date Assigned:	07/07/2014	Date of Injury:	12/21/2013
Decision Date:	09/03/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 Pain Management, 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 39-year-old with the date of injury of December 21, 2013. The patient presents with left lateral elbow pain, radiating to his upper arm and forearm. The patient presents erythema, swelling, arm weakness, paresthesia and two puncture wounds to the external aspect of the left elbow. According to [REDACTED] report on 02/18/2014, diagnostic impression is lateral epicondylitis of elbow. [REDACTED] requested twelve sessions of post-operative physical therapy for the left elbow. The utilization review determination being challenged is dated on April 8, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from February 3, 2013 to April 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve post-operative physical therapy sessions to the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow & Upper Arm (MTUS post-surgical Page(s): 15-17).

Decision rationale: The patient presents with pain and weakness in his left elbow, aggravated by his left arm movement. The request is for twelve sessions of post-operative physical therapy for

the left elbow. The Chronic Pain Medical Treatment Guidelines states "lateral epicondylitis/ tennis elbow: postsurgical treatment: twelve visits over twelve weeks." It appears that [REDACTED] requested left lateral epicondylar release with manipulation for arthrofibrosis on April 7, 2014 along with twelve post-operative physical therapy. However, there is no evidence that this surgery was authorized or on schedule. If surgery were to take place, then post-op therapy would be needed. Given that the recommended surgery is currently on hold, there is no need for post-op therapy. The request for Twelve post-operative physical therapy sessions to the left elbow is not medically necessary or appropriate.