

Case Number:	CM14-0054363		
Date Assigned:	09/03/2014	Date of Injury:	06/03/2013
Decision Date:	10/07/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/23/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47-year-old individual was reportedly injured on June 3, 2013. The mechanism of injury was noted as repetitive use (washing and drying cars). The most recent progress note, dated March 17, 2014, indicated that there were ongoing complaints of elbow pain. This note is an appeal of a previous non-certification of surgical intervention. The physical examination demonstrated a 5'5", 186 pound individual who was normotensive (108/72). The injured worker was noted to be in mild distress. A full range of motion of the cervical spine was reported. Motor and sensory function was intact; however, there was a mild edema noted about the elbow. Diagnostic imaging studies were not referenced in these progress notes. A request had been made for a preoperative appointment and 15 additional physical therapy sessions which were non-certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One preoperative appointment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 of 127.

Decision rationale: As outlined in the MTUS, additional follow-up visits are a function of the medical and clinical necessities. The progress notes, presented for review, do not indicate why a preoperative appointment is necessary when the determination for surgical intervention has been made and the physical examination findings have been established. Therefore, the request is not medically necessary.

15 physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The progress notes were reviewed and indicated that the diagnosis is a lateral epicondylitis. Postoperative physical therapy was suggested as noted in the surgical treatment guidelines cited above. However, these guidelines also indicate that 6 sessions are to be completed and then establish the efficacy of the intervention. Furthermore, a total of 12 sessions will be supported however, this request exceeds the guideline recommendations. Accordingly, based on the clinical data presented and noting the lack of efficacy with the postoperative care, this request is not medically necessary.