

<b>Case Number:</b>	CM14-0061054		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 injured worker is a 50 year old male whose date of injury is 02/01/2013. The mechanism of injury is described as repetitive pushing, pulling and lifting. The injured worker reported he developed pain to the bilateral elbows. Treatment to date includes physical therapy and tennis elbow band. The injured worker was recommended to undergo left elbow surgery for diagnosis of lateral epicondylitis/tennis elbow/medial epicondylitis/golfer's elbow. Note dated 08/08/14 indicates that surgery has been authorized in the form of Nirschl procedure; however, bilateral ulnar nerve release and ganglion excision were denied. The note states that the injured worker wants to undergo surgery as soon as all procedures are authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Initial Post-Operative Physical Therapy Visits for the left elbow, 3 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines.

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

**Decision rationale:** The injured worker was recommended to undergo left elbow surgery for diagnosis of lateral epicondylitis/tennis elbow/medial epicondylitis/golfer's elbow. Note dated

08/08/14 indicates that surgery has been authorized in the form of Nirschl procedure; however, bilateral ulnar nerve release and ganglion excision were denied. The note states that the injured worker wants to undergo surgery as soon as all procedures are authorized. However, the submitted records fail to establish that all of the procedures have been authorized. Therefore, it appears that the injured worker will not undergo surgical intervention, and therefore, postoperative physical therapy is not medically necessary. Additionally, the request is excessive as California Medical Treatment Utilization Schedule guidelines would support an initial trial of 6 physical therapy visits to establish efficacy of treatment. Such as, Twelve (12) Initial Post-Operative Physical Therapy Visits for the left elbow, 3 x 4 is not medically necessary.