

<b>Case Number:</b>	CM14-0062744		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/24/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Occupational 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 female with a date of injury of 4/23/2014. Per the primary treating physician's progress report dated 3/26/2014, the injured worker complains of right elbow pain. On exam there is tenderness at the operation site. There is a well healed scar. There is pain with motion. There is decreased range of motion and a diagnosis of elbow pain. A review of the other medical records indicate the injured worker is status post right cubital tunnel release, extensive epineurolysis right ulnar nerve, proximal forearm fasciotomy, and partial medical epicondylectomy on 2/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Right Elbow:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper extremity: Chiropractic, see also Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The injured worker is four weeks post-operative of her right elbow. The request dated 4/16/2014 is for post-operative physical therapy 2x4 sessions for right elbow. The medical reports provided to the claims administrator with this request did not include this

surgical history. Per the MTUS Guidelines, it is recommended to have a postsurgical treatment of 20 visits over three months. The postsurgical physical medicine treatment period is six months. The request for post-operative physical therapy 2x4 sessions for right elbow is determined to be medically necessary.