

Case Number:	CM14-0063596		
Date Assigned:	07/11/2014	Date of Injury:	10/15/2009
Decision Date:	08/13/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/06/2014

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 Orthopedic Surgery 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:

This is a 42-year-old female who injured her left upper extremity on 10/15/09 as a result of "overuse" syndrome." The records provided for review document a working diagnosis of lateral epicondylitis. The report of the 3/27/14 office visit described shooting pain and discomfort laterally. Physical examination showed tenderness with wrist extension and middle finger extension testing, and point tenderness noted over the lateral epicondyle. The report documents that the claimant failed conservative care and the recommendation was made for a lateral epicondylar release. There is no documentation that operative process has taken place or has been certified. There is a post-operative request for twelve sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative Guidelines, the request for physical therapy after the claimant's lateral epicondylar surgery would not be indicated. While ultimately postoperative physical therapy may be necessary in this case, there is currently no documentation to determine whether the surgery is medically necessary or has

taken place. Without documentation about the status of the proposed surgery, the request for twelve post-operative sessions of physical therapy would not be supported.