

Case Number:	CM14-0068622		
Date Assigned:	07/14/2014	Date of Injury:	12/26/2011
Decision Date:	10/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 patient is a 43-year-old female with a cumulative date of injury of 12/26/2011 through 12/26/2012. The listed diagnoses per [REDACTED] are status post right lateral epicondyle reconstruction with neurolysis of the radial nerve, 01/21/2014; status post right shoulder SAD, 08/20/2013, improved; and right wrist sprain/strain. According to progress report, 01/28/2014, the patient presents 1-week post right lateral epicondyle neurolysis of the radial nerve. The patient reports 6/10 on a pain scale. Examination of the right shoulder revealed healed incision. Forward flexion is 165 degrees and abduction is 160 degrees. Examination of the right elbow revealed incision was clean and dry with painful range of motion. The provider is requesting authorization for physiotherapy 2 to 3 times a week for 6 weeks for the right elbow and shoulder. Utilization review denied the request on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two to three times a week for six weeks to the right elbow: Overturned

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

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

Decision rationale: This patient is status post right lateral epicondyle neurolysis of the radial nerve on 01/21/2014. The provider is requesting physical therapy 2 to 3 times a week for 6 weeks. Utilization review denied the request stating, "There were no reported objected benefits from PT to date as no objective exam was documented." For post-surgical physical therapy, MTUS recommends 12 visits over 12 weeks following lateral epicondylitis surgery but does not specifically address neurolysis of radial nerve. For cubital tunnel release, however, up to 20 sessions of post-operative therapy is recommended. The medical file provided for review does not include physical therapy treatment history. It does not appear the patient has started postoperative physical therapy. In this case, postoperative physical therapy is indicated and this request is medically necessary.