

<b>Case Number:</b>	CM14-0069231		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 34-year-old female sustained an industrial injury on 4/1/12. Injury occurred when she slipped and fell backwards, landing on her right elbow. The patient was diagnosed with medial and lateral epicondylitis and failed comprehensive conservative treatment. She underwent right lateral epicondyle debridement on 3/11/14. The 4/11/14 treating physician report indicated the patient was much improved from her pre-op status and was currently attending physical therapy. Physical exam documented well-healed incisions, no signs of infection, mild tenderness, and minimal edema at the surgical site. There was some stiffness with terminal extension, flexion to 140 degrees, extension to -35 degrees, and numbness and tingling in the arm. The patient had completed 9/12 initial post-op physical therapy visits. Continuation of therapy was recommended 2x4. The 5/7/14 utilization review modified the request for 8 additional physical therapy visits and certified 3 additional visits for exercise and manual therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy QTY: 8:00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for lateral epicondylitis suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. The patient had been authorized for 12 initial post-op visits with completion of 9 visits documented. The 5/7/14 utilization review partially certified 3 additional visits. There is no compelling reason to support the medical necessity of additional treatment prior to completion of the 15 visits that have been cumulatively certified. Documentation of functional benefit with therapy and residual functional deficits and treatment goals would be required prior to certification of additional post-operative therapy. Therefore, the request for continue physical therapy, 8 visits, is not medically necessary and appropriate.