

<b>Case Number:</b>	CM14-0077726		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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:

This is a 57-year-old female with a 1/14/13 date of injury. The mechanism of injury occurred as a result of repetitive motions of her job as an administrative assistant including heavy computer inputting work. This produced pain in both elbows. According to a progress report dated 4/18/14, the patient continued to have bilateral elbow discomfort with what she described as occasional constant aching, sharp, stabbing pain that was mild to moderate in intensity. Any type of activity involving her hands caused pain. She had some intermittent numbness and tingling in her left hand. The provider noted that he was requesting right elbow open common extensor debridement with possible repair. Objective findings: patient wears bilateral wrist splints, tenderness to palpation of the lateral epicondylar region bilaterally, positive Cozen and tennis elbow maneuver. Diagnostic impression includes chronic lateral epicondylitis, bilateral elbows; status-post right elbow lateral epicondyle injection; status-post left elbow lateral epicondyle injection. Treatment to date includes medication management, activity modification, and injections. A UR decision dated 5/13/14 modified the request for 12 post-op physical therapy sessions to 6 sessions. The post-operative treatment according to CA MTUS should be 6 visits with an examination after that to determine if any additional visits are necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine Procedure: 12 post-op PT 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.dir.ca.gov/dwc/DWCPropRegs/MTUS-Regulations/MTUS-Regulations.htm> Rineer CA, Ruch DS. Elbow tendinopathy and tendon ruptures:epicondylitis, biceps and triceps ruptures. J Hand Surg Am Mar 2009;34 (3):566-76 van Rijn RM, Huisstede BM, Koes BW, et all.

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

**Decision rationale:** If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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. CA MTUS postsurgical guidelines support up to 10 physical therapy visits over 4 months for elbow debridement. This is a request for 12 visits which exceeds guideline recommendations. A prior UR decision dated 5/13/14 modified this request to certify 6 physical therapy sessions. In addition, it is noted in the 4/18/14 progress note that the provider is requesting authorization for right elbow open common extensor debridement with possible repair. It is unclear if this procedure has been authorized. Therefore, the request for 12 Post-Op Physical Therapy 2 times a week for 6 weeks was not medically necessary.