

Case Number:	CM14-0082799		
Date Assigned:	07/21/2014	Date of Injury:	11/30/2011
Decision Date:	09/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/04/2014

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 Management 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 62 year old male who sustained an industrial injury to the right arm on 11/30/2011. Subsequently, the patient underwent right elbow lateral epicondylar release and extensor carpi radialis brevis tendon reconstruction on 02/05/2014. This was followed by post operative physical therapy of what appears to be a total of approximately 20 sessions. The progress report dated 05/09/2014 documents the patient to have full extension to 130 of flexion, full pronation and supination. At this time, a request was made for 8 additional sessions of physical therapy. On 05/21/2014 the utilization review report recommends a non-certification for the additional therapy as it exceeds the reported recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Right Elbow 2 x 4 week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Elbow.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Physical Therapy.

Decision rationale: As per California MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The ODG guidelines for lateral epicondylitis/Tennis elbow Post-surgical treatment allow for 12 physical therapy visits over 12 weeks. Physical medicine is allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the records indicate that the injured worker has already had about 20 occupational therapy visits. He has had good improvement with full elbow range of motion. At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.