

Case Number:	CM14-0086039		
Date Assigned:	07/23/2014	Date of Injury:	01/07/2009
Decision Date:	12/12/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 Emergency 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:

Patient with reported date of injury on 1/7/2009, no mechanism of injury was provided for review. Patient has a diagnosis of post L elbow revision debridement and release of extensor carpi radialis braves and longus surgery on 2/26/14 with deep interosseous nerve branch problem, post bilateral carpal tunnel release in 2005 and 2007, bilateral wrist tendinitis and recurrent L lateral epicondylitis. Medical reports reviewed. Last report available until 5/6/14. Patient has continued elbow pain that is moderate-severe, associated with numbness and is constant. Notes decrease range of motion. Patient had reportedly completed 13 physical therapy sessions. Last exam by provider from 5/6/14 notes scars were healing, tenderness to elbow. Noted elbow flexion limited to 92degrees, extension to 0degrees. Strength was 4/5.No imaging or electrodiagnostic studies were provided for review. Medications include Morphine, Norco, Enbrel and Ibuprofen. Independent Medical Review is for Physical Therapy 2/week for 4weeks (8total) Prior UR on 5/30/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy sessions, 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: ECRB and ECRL repair was reportedly done. As per Post-surgical treatment guidelines, longest recommended physical therapy for the type of elbow surgery the patient received is 14 physical therapy sessions. Patient has already completed 13 sessions with no appropriate documentation of improvement, home exercise or appropriate rationale. Additional Physical Therapy is not medically necessary.