

Case Number:	CM14-0122747		
Date Assigned:	09/16/2014	Date of Injury:	08/02/2006
Decision Date:	01/23/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/04/2014

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 Rehab and is licensed to practice in North Carolina. 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 injured worker is a 48-year-old male who reported injuries of unspecified mechanism on 08/02/2006. On 07/14/2014, his diagnostic assessment included left medial epicondylitis, status post medial upper condylar debridement and flexor reattachment on 04/08/2014, left lateral epicondylitis, status post left lateral epicondylar debridement and reattachment, left posterior interosseous nerve entrapment, status post release, and right medial and lateral epicondylitis from favoring his left side. His complaints included ongoing pain in the medial aspect of his left elbow. He reported ongoing numbness around the medial aspect of the left elbow. His treatment plan included postoperative physical therapy twice a week for 6 weeks for rehabilitation of his left elbow. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x wk x 6 wks left arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The request for physical therapy 2 x wk x 6 wks left arm is not medically necessary. The California MTUS Postsurgical Treatment Guidelines note that the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery performed. The recommendations for medial epicondylitis postsurgical treatment is 12 visits over 12 weeks. Half of that would be 6 visits. The requested number of physical therapy visits exceeds the recommendations in the guidelines. Therefore, this request for physical therapy 2xwk x 6wks left arm is not medically necessary.