MAXIMUS Federal Services

Case Number:	CM14-0191660		
Date Assigned:	11/25/2014	Date of Injury:	09/03/2014
Decision Date:	01/26/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/15/2014

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 Texas. 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 49-year-old male who reported an injury on 09/03/2014. The mechanism of injury reportedly occurred when the injured worker pulled an emergency brake handle. His diagnosis included lateral epicondylitis of the left elbow and partial thickness tear, common extensor tendon near its origin. Past treatments include anti-inflammatories and work restrictions. Diagnostic studies include an x-ray of the right elbow and an official MRI of the left elbow performed on 10/23/2014 with findings of moderate lateral epicondylitis with a partial thickness tear. His surgical history includes a right tennis elbow repair, right rotator cuff repair, right biceps tendon surgery, and right ulnar nerve decompression and transposition. On 10/24/2014, the injured worker presented with pain in his left elbow and he stated he also had tingling along the area of the medial epicondyle that radiates into his ulnar 2 digits and has progressively gotten worse. Upon examination of the left upper extremity, it was noted that the injured worker had full range of motion of the left elbow, tenderness to palpation was noted over the left lateral epicondyle, and the pain is worsened when he maintains his wrist in dorsiflexion against resistance. It was further noted that the injured worker had some tenderness over the area of the cubital tunnel. His current medications were noted as Ultram 50 mg 1 every 6 hours as needed for pain and Elavil 25 mg 1 to be taken at bedtime. The treatment plan was to keep the injured worker on total temporary disability, obtain authorization to perform his left elbow surgery, and follow-up in 2 weeks. The rationale for the request was that the injured worker had been previously treated in the right elbow for similar symptoms and sees a similarity in the conditions. As a result of this, he is declining any cortisone injections or any additional therapy and would like to proceed with surgical treatment. The Request for Authorization form was signed on 11/04/2014 and was provided within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of post operative physical therapy for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for 6 sessions of postoperative physical therapy for the left elbow is not medically necessary. The injured worker has left elbow pain along the area of the medial epicondyle that radiates into his ulnar 2 digits and has been progressively getting worse. At an examination on 10/24/2014, upon examination of the left elbow, it was noted that the injured worker had full range of motion to the left elbow. It was further noted that the injured worker had a similar condition in the right elbow and saw similarity in the 2 conditions regarding the symptoms and declined any cortisone injections or additional therapy and wanted to proceed with surgical treatment. The California MTUS Postsurgical Treatment Guidelines recommend up to 12 visits of postsurgical physical treatment for lateral epicondylitis. Although 6 sessions of postoperative physical therapy for the left elbow would allow for reasonable assessment to establish functional improvement prior to continuing with treatment, there was no documentation submitted to provide evidence that the patient has received surgical intervention for the left elbow. In the absence of the aforementioned documentation, the request as submitted does not support the evidence based guidelines. As such, the request for 6 sessions of post-operative physical therapy for the left elbow is not medically necessary.