

<b>Case Number:</b>	CM14-0192937		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Interventional Spine, 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 53 year old female with a date of injury of 4/3/14. The listed diagnoses are left ECRS tear, s/p left epicondyle and tendon repair on 8/20/14. According to treatment report dated 10/15/14, the patient is doing well following the left elbow tendon repair surgery on 8/20/14. Occupational therapy is helping with rang of motion and strength. The treating physician notes that the OT therapist is suggesting more visits for strengthening. Physical examination finding revealed no effusion, positive pain with range of motion. Tinel's is negative. There is tenderness to palpation and positive decreased grip strength noted. Treatment plan is for follow up in 1 month, CT of left elbow and physical therapy 2x6. The Utilization review letter denied the requests on 10/24/14. Treatment reports from 4/24/14 through 10/15/14 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan of the Left Elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter has the following regarding CT

**Decision rationale:** This patient is s/p left epicondyle and tendon repair on 8/20/14. The current request is for CT scan of the left elbow. The Utilization review denied the request stating that "progress so far, is not documented." The ODG guideline under the Elbow chapter has the following regarding CT, "Recommended for indications below. While computed tomography (CT) and ultrasound (US) may be used for specific indications, magnetic resonance imaging should be used to display most abnormalities in the elbow." Indications for imaging includes suspect intra-articular osteocartilaginous body, suspect unstable osteochondral injury or elbow stiffness; suspect heterotopic ossification/osteophytosis by radiograph then next test would be a CT. The treating physician has not provided any discussion regarding the medical necessity of this request. Objective findings did not indicate any concerns that may require a CT as outlined above. The requested CT of the left elbow is not medically necessary.

**Physical therapy 2x6 for the Left Elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical Page(s): 15-17.

**Decision rationale:** This patient is s/p left epicondyle and tendon repair on 8/20/14. The current request is for Physical therapy 2x6 for the left elbow. The MTUS post-surgical pg15-17 for the elbow and upper arm recommends 24 post-operative physical therapy treatment following tendon repair surgery. The number of completed post op therapy to date and the objective response to therapy were not documented in the medical reports submitted for this request. The utilization review states that the patient has already been authorized for 16 post op PT sessions and modified approval for additional 6 sessions on 10/24/14. In this case, the request for additional 12 sessions with the 16 already approved exceeds MTUS recommendation of 24 visits. The requested additional 12 PT sessions are not medically necessary.