

Case Number:	CM14-0195218		
Date Assigned:	12/02/2014	Date of Injury:	10/25/2013
Decision Date:	01/15/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 61 year old female with an injury date of 10/25/2013. Based on the 08/26/2014 report, the patient complains of right elbow pain. A physical examination revealed mild effusion and tenderness to the surgical site and lateral epicondyle of right elbow. Per progress report dated 10/23/14, the patient continues to complain of intermittent pain to her right elbow with mild effusion and tenderness upon palpitation to surgical site as well as the lateral epicondyle. Per progress report dated 10/23/14, provider states to "continue physical therapy to include ultrasound, massage, and therapeutic exercises 3x/week x 4 for the right elbow." Physical therapy notes from 08/01/14 to 10/15/14 indicate that the patient has had 24 physical therapy sessions for her right elbow. Diagnosis (08/26/14, 10/23/14)1. Disc bulge, C5-6, with right-sided radicular symptoms2. Status post extensor repair, right elbow. The utilization review determination being challenged is dated 11/14/14. Treatment reports were provided from 08/26/2014 - 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Post Operative Physical Therapy 3 x week for 4 weeks to the Right Elbow:
Upheld

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

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

Decision rationale: The patient presents with right elbow pain and is s/p extensor repair of the elbow (date not known). The request is for 12 additional post-operative physical therapy 3x week x4 weeks right elbow. The patient's diagnosis on 08/26/14 and 10/23/14 included disc bulge, C5-6, with right-sided radicular symptoms. Per progress report dated 10/23/14, the patient continues to complain of intermittent pain to her right elbow with mild effusion and tenderness upon palpitation to surgical site as well as the lateral epicondyle. The MTUS post-surgical pages 15-17, Elbow & Upper Arm states: " ECRB/ ECRL debridement [DWC]: Post-surgical treatment: 10 visits over 4 months *Postsurgical physical medicine treatment period: 6 months," and "Enthesopathy of elbow region (ICD9 726.3): Post-surgical treatment: 12 visits over 12 weeks *Post-surgical physical medicine treatment period: 6 months." Patient is status post extensor repair to the right elbow, date unspecified. Per progress report dated 10/23/14, provider states to "continue physical therapy to include ultrasound, massage, and therapeutic exercises 3x/week x 4 for the right elbow." Physical therapy notes from 08/01/14 to 10/15/14 indicate that the patient has had 24 physical therapy sessions for her right elbow. The request for 12 additional post-operative physical therapy visits exceeds what is allowed by MTUS. Furthermore, the physician has not provided any reasons for the request, nor discussed why the patient cannot move on to a home exercise program. The request is not medically necessary.