

<b>Case Number:</b>	CM14-0198698		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 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:

This is a 51 year old male who suffered an industrial related injury on 8/6/12. A physician's report dated 4/28/14 noted the injured worker had complaints of right shoulder, right elbow, and right 3rd finger pain. Diagnoses included right shoulder impingement syndrome with acromioclavicular joint arthritis, status post right shoulder arthroscopic subacromial decompression with distal clavicle extension, right elbow lateral epicondylitis with calcification in the extensor tendon, status post right elbow surgical removal of calcification and release of the lateral epicondyle, status post right 3rd trigger finger release with residual pain and tenderness over the flexor tendon, and right 3rd finger tendonitis. The injured worker was noted to be temporarily totally disabled. The treating physician recommended physical therapy with ultrasound massage and therapeutic exercise 3 times per week for 4 weeks for the right elbow, shoulder, and hand. A physician's report dated 10/3/14 noted the injured worker had persistent pain in the right shoulder, right elbow, and right 3rd finger. Physical examination findings included Tinel's sign was positive on the medial aspect of the right elbow. Diminished sensation to the 4th and 5th fingers on the right was noted. Upper limb motor examination and deep tendon reflexes were noted to be within normal limits. The treating physician's recommendations included an ulnar nerve decompression of the right elbow and post-operative physical therapy to include ultrasound massage and therapeutic exercises 3 times per week for 4 weeks for the right elbow. A physical therapy report dated 7/1/14 noted the injured worker reported he still had numbness and tingling to the 4th and 5th digits with gripping activity. The injured worker stated that his pain had decreased but he still had difficulty with repetitive motions of the right wrist. The physical therapist noted the injured worker had made gains with right wrist range of motion and grip strength but continued to have pain with repetitive gripping. It was also noted the injured worker had been unable to progress with therapeutic exercise due to

pain. The injured worker had completed 6 physical therapy visits at that time. On 10/31/14 the utilization review (UR) physician denied the request for 12 post-operative physical therapy visits 3 times per week for 4 weeks for the right elbow. No rationale for the denial of services requested was provided in the documentation received.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Twelve (12) post-operative physical therapy visits, three (3) times a week for four (4) weeks, for the right elbow:** Upheld

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

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

**Decision rationale:** CA MTUS/Postsurgical treatment guidelines, Elbow and Upper Arm, Cubital tunnel release, page 16 recommends 20 postoperative visits over a 3 month period. It recommends initially of the 20 visits initially. As the request exceeds the 10 visits initially authorized, the determination is for not medically necessary.