

Case Number:	CM14-0199197		
Date Assigned:	12/09/2014	Date of Injury:	04/16/2008
Decision Date:	01/23/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	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 Internal Medicine 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 an injured worker with the diagnoses of right elbow lateral epicondylitis, right shoulder impingement syndrome with rotator cuff tear, status post right carpal tunnel release, and congenital deformity right wrist. The mechanism of injury was cumulative clerical work. Date of injury was April 16, 2008. The primary treating physician's progress report dated October 20, 2014 documented subjective complaints of right lateral elbow pain made worse by resisted range of motion, particularly with wrist extension, as well as anterior and posterior right shoulder pain, pain made worse by forward flexion. The patient complains of generalized right wrist pain with pain involving the thenar eminence, thumb, index and middle fingers. The patient complains of pain along the ulnar aspect of the wrist. The patient has symptoms in the left upper extremity secondary to her fibromyalgia. The patient has not sustained any new injuries. Objective findings were documented. Right shoulder examination was documented. There is a positive impingement sign of the right shoulder. There is a painful arc from 80 degrees to 110 degrees. There is pain with resisted abduction and 4/5 weakness to resisted abduction. Right elbow examination was documented. There is tenderness over the lateral epicondyle. Pain is accentuated by resisted wrist extension. Right wrist examination was documented. There is no localizing heat, erythema, or edema. There is no active subluxation of the extensor carpi ulnaris tendon. The carpal tunnel release surgical scar is not visible. The right shoulder magnetic resonance imaging dated July 17, 2014 showed moderate grade bursal surface tear of the supraspinatus tendon involving 50% tendon thickness without retraction of the torn tendon fibers. Diagnoses were lateral epicondylitis right elbow, right shoulder impingement syndrome with rotator cuff tear, status post right carpal tunnel release, and congenital deformity right wrist. The patient is temporarily partially disabled with no lifting over fifteen pounds, no repetitive grasping, and no work at or above the level of the right shoulder. Treatment plan was

documented. Authorization was requested to proceed with right elbow surgery along with post-operative analgesic medication and physical therapy. Request for authorization dated October 29, 2014 requested right elbow arthroscopy and post-operative physical therapy. Utilization review determination date was November 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy three times a week for four weeks for the right elbow:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-18.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for lateral epicondylitis, 12 visits of post-surgical physical therapy are recommended. The primary treating physician's progress report dated October 20, 2014 documented the diagnosis of right elbow lateral epicondylitis. Authorization was requested to proceed with right elbow surgery along with post-operative physical therapy. Request for authorization dated October 29, 2014 requested right elbow arthroscopy and post-operative physical therapy. Utilization review letter dated 11/3/14 indicated that elbow surgery was not certified. Without the certification of the surgical intervention, the request for post-surgical physical therapy is not supported; therefore, the request for post-operative physical therapy three times a week for four weeks for the right elbow is not medically necessary.