MAXIMUS Federal Services

Case Number:	CM14-0204805		
Date Assigned:	12/17/2014	Date of Injury:	04/03/2014
Decision Date:	02/09/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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, has a subspecialty in Sports 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 a 53-year-old female who reported an injury on 04/03/2014. The mechanism of injury was not provided. Her diagnoses was noted as left extensor carpal radialis brevis tear and status post left epicondyle tendon repair. Her past treatments were noted to include surgery, occupational therapy, E stimulation, cold pack, hot pack, and light therapy. Her diagnostic studies were noted to include an MRI of the left elbow, performed on 06/05/2014, which was noted to reveal no fracture of subluxation, tiny subcortical cystic degenerative change was seen at the posterior aspect of the capitellum on coronal image 11 and sagittal image 13. The radial capitellum and ulnar trochlear joints were otherwise unremarkable, without full thickness fissures or defects and without subcortical reactive marrow edema. Her surgical history was noted to include a left lateral epicondyle release with ostectomy and tendon repair, performed on 08/20/2014. During the assessment on 12/03/2014, the injured worker complained of minimal soreness and swelling in the left elbow. The physical examination revealed decreased effusion, soreness with increased range of motion. There was pain with range of motion and tenderness to palpation at the epicondyle. Her current medication list was not provided. The treatment plan was to continue with occupational therapy. The rationale for the request was not provided. The Request for Authorization form was dated 11/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, left elbow 2 times a week for 6 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

Decision rationale: The request for physical therapy, left elbow 2 times a week for 6 weeks, 12 sessions is not medically necessary. The California MTUS Guidelines recommend up to 12 visits over 12 weeks for postsurgical physical therapy for lateral epicondylitis/tennis elbow. The clinical documentation indicated that the injured worker had completed 16 visits as of 10/16/2014. The requested 12 sessions would exceed guideline recommendation. Furthermore, there was a lack of adequate information regarding whether or not the injured worker had benefited from the past physical therapy visits, or if there were any functional improvements made. The clinical documentation did not include a detailed assessment of the injured worker's current functional condition, including range of motion and motor strength, which would support the request for additional physical therapy. Due to the lack of pertinent information and requested number of visits, the request is not medically necessary.