

Case Number:	CM15-0013315		
Date Assigned:	02/02/2015	Date of Injury:	05/06/2011
Decision Date:	04/02/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 47 year old female, who sustained an industrial injury on 5/6/11. She has reported pain in the right hand, wrist and elbow. The diagnoses have included right elbow chronic lateral epicondylitis status post radial tunnel release, right elbow extension tendon tear. Surgery included right elbow arthrotomy with debridement advancement and repair of common extensor tendon. Treatment to date has included medications, diagnostics, surgery and physical therapy. Currently, the injured worker complains of persistent pain and soreness right elbow status post right elbow surgery for chronic lateral epicondylitis. The pain persists but is much less as stated by the injured worker. She states that the flurbiprofen/ lidocaine cream has been very helpful. There is weakness in the right hand and she states that the therapy has been very helpful in increasing her range of motion and strengthening. Physical exam revealed soreness over the lateral scar which is much less, no swelling or effusion. The range of motion was -5 to 130 with slight positive wrist extension test. Request was for additional physical therapy and to continue with topical cream. Work status was to remain off work until 1/16/15. On 1/9/15 Utilization Review modified a request for 6 Additional Post-Op Physical Therapy Sessions modified to 4 Additional Post-Op Physical Therapy Sessions, noting there was documentation that the injured worker has not attained normal strength and range of motion, therefore additional physical therapy is medically necessary. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Post-Op Physical Therapy Sessions: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Elbow Chapter, Physical therapy.

Decision rationale: The patient is a 46 year old female who presents with unrated and persistent - but improving - post operative right elbow pain. The patient's date of injury is 05/06/11. Patient is status post right elbow arthrotomy with debridement and repair of common extensor tendon on 09/23/14. The request is for 6 ADDITIONAL POST-OP PHYSICAL THERAPY SESSIONS. The RFA is dated 01/05/15. Physical examination of the right elbow dated 12/19/14 reveals a well healed surgical scar, decreased range of motion on extension, and decreased grip strength compared to the unaffected left hand. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Per 12/19/14 progress report patient is advised to remain off work until 01/16/15. ODG guidelines, Elbow Chapter, regarding Physical therapy has the following: Recommended. Limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific physical therapy modalities by name. Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks. In regards to the request for 6 additional post operative physical therapy sessions, the request appears reasonable. Progress report dated 12/19/14 indicates that this patient has received 7 physical therapy sessions to date and reports significant improvement in pain as well as function. Guidelines allow up to 24 visits following elbow arthroplasty, the requested 6 additional treatments for a total of 15 sessions falls within recommendations. Therefore, the request IS medically necessary.