

Case Number:	CM15-0019548		
Date Assigned:	02/09/2015	Date of Injury:	03/12/2013
Decision Date:	04/02/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: Orthopedic Surgery, Sports Medicine

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 54-year-old male who reported an injury on 03/12/2013. The mechanism of injury was not provided. His diagnosis includes non-traumatic rupture of other tendon. Past treatment was noted to include medications. On 12/05/2014, it was noted the injured worker had complaints of pain to the elbow that radiated to the neck and shoulder and that he rated 8/10. Upon physical examination, it was noted the injured worker had 2+ edema over the lateral epicondyle and significant tenderness along the lateral epicondyle. His strength measured -4/5 and his range of motion measured flexion at 120 degrees and extension lag approximately 10 degrees. Medications were noted to include ibuprofen. The treatment plan was noted to include surgery and medications. A request was received for post-operative physical therapy for the right elbow, three times weekly for four weeks without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the right elbow, three times weekly for four weeks:

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: According to the California MTUS Guidelines, physical medicine is recommended to restore function such as range of motion and motor strength. The guidelines indicate no more than 12 sessions should be necessary postoperatively for lateral epicondylitis, unless exceptional factors are notated. The clinical documentation submitted for review did not indicate that the injured worker had a surgical procedure or that the requested procedure was approved. Consequently, the request is not supported. As such, the request post-operative physical therapy for the right elbow, three times weekly for four weeks is not medically necessary.