

Case Number:	CM15-0134099		
Date Assigned:	07/22/2015	Date of Injury:	05/21/2013
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/10/2015

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: Pennsylvania, Ohio, 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 48-year-old female, who sustained an industrial injury on 5/21/2013. She reported repetitive motion type injury to the right elbow associated with swelling. Diagnoses include right elbow medial and lateral epicondylitis with extensor tendon tearing. Treatments to date include physical therapy and therapeutic injections. Currently, she complained of increased pain in the right elbow. On 6/19/15, the physical examination documented tenderness to the medial and lateral elbow with decreased strength noted. The plan of care included surgical treatment of the right elbow. The appeal requested authorization of twelve post-operative physical therapy sessions three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Decision rationale: MTUS recommends 12 overall therapy sessions after surgery for lateral epicondylitis. These guidelines recommend half of these as an initial prescription, with the remainder after reassessment. Therefore, this request exceeds the treatment guidelines; no rationale for an exception has been provided. The request is not medically necessary.