

Case Number:	CM15-0148409		
Date Assigned:	08/11/2015	Date of Injury:	11/16/2012
Decision Date:	09/14/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/30/2015

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, Pain Management, Occupational 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 49 year old male who sustained an industrial injury on 11-16-2012. He has reported right lateral elbow pain and has been diagnosed with right elbow common extensor tendon surgical repair, common extensor tendon partial tear, common extensor tendinosis, and ulnar neuritis. Treatment has included medications, surgery, physical therapy, injections, massage, heat, and ice. Palpation of the right elbow was tender along the lateral epicondyle. He had a positive Cozen's test. He had full range of motion and joint stability. The treatment plan included physical therapy. The treatment request included physical therapy 2 x 8 to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 8 to The Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 9.

Decision rationale: MTUS 2009 recommends up to 20 sessions of physical therapy post-operatively with a post-surgical period considered to be 6 months. The surgery was in July 2014 and therefore the post-operative period has ended. This request for 18 additional PT sessions exceeds MTUS 2009 recommendations and there are no specific goals for PT established. The patient received PRP injections and post injection conditioning and exercise reinforcement may be helpful and can be accomplished within the sessions already approved. There is no justification provided for why 18 sessions are needed in this case. This request for an additional 18 sessions of PT is not medically necessary.