

Case Number:	CM15-0160795		
Date Assigned:	08/27/2015	Date of Injury:	06/06/2013
Decision Date:	09/29/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old male sustained an industrial injury on 6-06-13. He subsequently reported right upper extremity pain. Diagnoses include medial epicondylitis. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience right elbow pain with popping. Upon examination, there is lateral and posterior tenderness noted. A request for Physical therapy for the left elbow 3 times a week for 4 weeks was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left elbow 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm chapter and pg 28.

Decision rationale: According to the ODG guidelines physical therapy after cubital tunnel surgery consists of 20 visits over 10 weeks. In this case, the claimant had surgery 10 weeks prior. Exam findings indicated normal range of motion of the left forearm with pain in wrist and linge finger extension. The indication for therapy of the elbow is not justified since it has been 10 weeks since surgery and the claimant had only tenderness in the epicondyles. In addition, there is no indication that additional therapy cannot be completed at home. The request for 12 sessions of therapy is not medically necessary.