

<b>Case Number:</b>	CM15-0186711		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old female, who sustained an industrial injury on 06-08-2012. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervicgia, status post right lateral epicondylar reconstruction on 02-03-2015, history of left lateral epicondylitis with partial tearing in the common extensor origin noted on MRI obtained on 08-15-2014 with persistent tendinopathy, and diffuse myofascial pain. Treatment and diagnostics to date has included elbow surgery, physical therapy, and medications. Current medications include Cymbalta. No physical therapy reports noted in received medical records. After review of progress notes dated 07-01-2015 and 08-19-2015, the injured worker reported persistent stiffness and discomfort in regards to her neck, shoulders, upper back, and bilateral elbows. Objective findings included tenderness overlying the common extensor origin in both elbows. The request for authorization dated 07-10-2015 requested pain management evaluation and treatment and physical therapy 2x4 for her bilateral elbows. The Utilization Review with a decision date of 09-09-2015 denied the request for physical therapy 2x4 for additional sessions for bilateral elbows.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional sessions of Physical therapy 2x a week for 4 weeks for the bilateral elbows:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

**Decision rationale:** The claimant sustained a work injury in June 2012 and underwent surgery for right lateral epicondylitis on 02/03/15. She was referred for occupational therapy in March 2015. In April 2015 she was making appropriate progress with treatments. When seen, she was having persistent right arm discomfort. Physical examination findings included elbow tenderness which had improved. There was decreased range of motion. Authorization for an additional eight physical therapy treatment sessions was requested. Case notes reference completion of eight prior post-operative treatment sessions. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to revise or reestablish the claimant's home exercise program and does not reflect a fading of skilled therapy treatments. The request is not medically necessary.