

Case Number:	CM15-0189747		
Date Assigned:	10/01/2015	Date of Injury:	12/30/2014
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This is a 63-year-old female with a date of industrial injury 12-30-2014. The medical records indicated the injured worker (IW) was treated for epicondylitis (lateral), status post right elbow open repair of common extensor tendon. In the progress notes (8-19-15), the IW reported mild to moderate right elbow pain. She had right elbow surgery on 7-14-15 and was recovering at home. She finished physical therapy (8 visits) one week ago. On examination (8-19-15 notes), her incision was clean. Range of motion was -10 to 130 degrees and the right upper extremity was neurovascularly intact. Treatments included NSAIDs, tennis elbow strap, physical therapy, a cortisone injection and surgery. MRI of the right elbow on 4-16-15 showed a partial tear of the common extensor tendon at its attachment to the lateral epicondyle and marginal spurring of the ulnar side of the joint space consistent with degenerative changes. The IW was temporarily very disabled. The provider stated the recovery was normal and the IW should continue physical therapy. A Request for Authorization dated 8-19-15 was received for physical therapy twice weekly for four weeks for the right elbow. The Utilization Review on 9-18-15 modified the request for physical therapy twice weekly for four weeks for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical 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 December 2012 while working as a machine operator when she developed acute right elbow pain. After failure of conservative treatments, she underwent an open repair of a common extensor tendon injury on 07/14/15. When seen, she had completed physical therapy about one week before. She was having intermittent elbow pain, which was improving. Physical examination findings included decreased elbow range of motion. An additional eight physical therapy treatment sessions were requested. 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 with 8 post-operative treatments requested. 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 finalize the claimant's home exercise program and does not reflect a fading of skilled therapy treatments. The request is not medically necessary.