

Case Number:	CM15-0194286		
Date Assigned:	10/08/2015	Date of Injury:	09/01/2011
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/02/2015

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

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 44 year old, male who sustained a work related injury on 9-1-11. A review of the medical records shows he is being treated for right elbow pain. Treatments have included physical therapy-with some benefit, 21 sessions noted in medical records and H-wave therapy-with benefit. Current medications include Relafen. In the progress notes, the injured worker reports discomfort in the right elbow. He reports the elbow "falls asleep." He reports a pain level of 6-7 out of 10. This pain level has not varied much in all the physical therapy notes. In the objective findings dated 9-1-15, he has "improved" strength but only 60% of normal in right elbow. He has "exquisite" tenderness over the extensor carpi radialis brevis. He has pain with resisted wrist dorsiflexion. He is working modified duty. The treatment plan includes requests for physical therapy and H-wave 3 x 4. In the Utilization Review dated 9-11-15, the requested treatment of postoperative physical therapy 3 x 4 visits for the right elbow is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3x4 visits for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Physical Therapy Guidelines.

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

Decision rationale: Review indicates the patient is s/p right elbow lateral release and osteotomy on 5/1/15 with post-op PT sessions authorized. Postsurgical treatment course include recommendation for 10-12 total PT visits over 12 weeks period for lateral epicondylitis procedure with initial number of visit trial and further consideration pending documentation of functional improvement. Submitted reports have not adequately documented support for the above request outside the guidelines criteria and recommendations. There is no new information or reports documenting functional outcome from the 21 completed post-op PT visits already rendered without continued benefit to support further therapy. The Post-op physical therapy 3x4 visits for the right elbow is not medically necessary and appropriate.