

<b>Case Number:</b>	CM15-0199926		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35 year old female, who sustained an industrial injury on August 5, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having right lateral epicondylitis. Treatment to date has included diagnostic studies, right lateral epicondylitis release and repair (05-13-2015), physical therapy and medications. On September 10, 2015, the injured worker complained of right elbow pain and residual soreness of the elbow. She noted aching pain when writing and that her middle finger cannot type for prolonged periods on the right. Notes stated she was "limited to 30 minutes." At the time of report, she had completed 11 visits of physical therapy and had started strength training. Physical therapy was reported to have been "very good." Physical examination revealed full range of motion of the right elbow, right wrist and right digits. Grip strength using the Jamar Dynamometer in pounds revealed an 8 on the right and 12 on the left. The treatment plan included additional therapy if allowed for strengthening, modified work duty and a follow-up visit. On September 25, 2015, utilization review denied a request for physical therapy for the right elbow twice a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right elbow 2 x 4: 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:** Physical therapy for the right elbow 2 x 4 is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 12 post operative visits for this condition. The documentation indicates that the patient has already had 12 post operative visits. There are no extenuating factors documented that would necessitate 8 more supervised therapy visits. The patient should be transitioning to an independent home exercise program therefore this request is not medically necessary.