

<b>Case Number:</b>	CM15-0209852		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Illinois, California, Texas Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 52-year-old male who sustained a work related injury on 10/10/13. The mechanism of injury was not documented. Past surgical history was positive for right shoulder arthroscopy with biceps tenodesis, subacromial decompression, and excision of calcific deposit on 9/19/14. He underwent right lateral epicondylectomy on 8/12/15 and had completed 6 initial visits of post-operative physical therapy. The 9/21/15 physical therapy progress report cited grade 4-5/10 right elbow pain. There were functional limitations noted in daily activities such as combing hair, dressing and picking things up. Passive range of motion was documented as extension 8 degrees and full flexion with pain. Active range of motion was 10-131 degrees. The injured worker had completed 6 visits with improvement noted in active flexion/extension range of motion and grip strengthening. Continued physical therapy was recommended 2 times per week for 4 weeks to fully restore range of motion and strength. The 9/30/15 treating physician report cited grade 3/10 right elbow pain, increased with activity. Pain was controlled with ibuprofen and he no longer required narcotic medication. He had completed post-operative physical therapy with improvement but there were still deficiencies noted by the physical therapist in range of motion and grip strength. Physical exam documented the incision to be well healed. Right elbow active range of motion testing documented flexion 120 degrees, extension 0 degrees, pronation 70 degrees and supination 50 degrees. There was considerable loss of supination with complaints of pain and discomfort over the lateral epicondyle upon dorsiflexion and supination against resistance. Grip strength testing was 45/45/60/40/40 pounds on the right (dominant) and 60/95/115/100/85 on the left. Authorization was requested for 12 additional sessions of post-operative physiotherapy. The 10/19/15 utilization review

modified the request for 12 sessions of postoperative physiotherapy to 6 sessions consistent with the recommended general course of post-operative care in the Post-Surgical Treatment Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 Sessions of post op physiotherapy: 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 California Post-Surgical Treatment Guidelines for surgical treatment of lateral epicondylitis suggest a general course of 12 post-operative physical medicine visits over 12 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. This injured worker is status post right lateral epicondylectomy and has completed 6 initial post-op physiotherapy visits. There is evidence of objective functional improvement with physical therapy treatment to date. There are residual deficits noted in range of motion and strength. The 10/19/15 utilization review recommended partial certification of 6 initial post-op physical therapy visits which would be consistent with the general course recommendations for post-operative care. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified at this time. Therefore, this request is not medically necessary.