

<b>Case Number:</b>	CM15-0214926		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 53 year old female who sustained an industrial injury on 06-21-2011. Medical records indicated the worker was treated for right elbow pain and is status post right elbow release of common extensor (05-01-2015). Additional treatments include medications, physical therapy (24), and a home H-Wave device. In the provider notes of 08-20-2015, injured worker is seen in follow up for her right elbow and is noted to have a well-healed incision. She lacks 10 degrees of full extension. She can flex the right elbow to 90 degrees. Pronation and supination are improving. She is attending physical therapy and has total authorized visits of 24 as of 07-28-2015. A request for authorization was submitted for Physical Therapy 3 x 4 to the Right Elbow. A utilization review decision 10-16-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Physical Therapy 3 x 4 to the Right Elbow: Upheld**

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

**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 release of common extensor (05-01-2015) with 24 authorized post-op PT visits. Postsurgical treatment course include recommendation for 10-12 total PT visits over 3-4 months period for ECR tenotomy/debridement and epicondylitis procedure with initial number of 5-6 visit trial and further consideration pending documentation of functional improvement. Submitted reports have not adequately documented any post-op complications or extenuating circumstances to support for the above request beyond the guidelines criteria with an additional 12 visits for total of 36 sessions having already had 24 PT visits rendered to transfer to an independent home exercise program. There is no new information or reports documenting failed treatment or ADL limitations to support further therapy. The physical therapy 3 x 4 to the right elbow is not medically necessary and appropriate.