

Case Number:	CM15-0053918		
Date Assigned:	03/27/2015	Date of Injury:	04/26/2013
Decision Date:	05/11/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/21/2015

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, 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:

The injured worker is a 39 year old female who sustained an industrial injury on 03/05/2015. The patient noted undergoing wrist surgery on 10/09/2013 and was diagnosed with dorsal wrist extensor tendon synovitis of the first and fourth compartments, along with right lateral epicondylitis of the elbow. In addition, the right elbow was injected. A surgical specialist evaluation dated 10/20/2014 reported chief complaint of right elbow pain. She had initial complaint of pain in the right elbow was diagnosed with tendinitis prescribed therapy, elbow supports along with medication. Her pain has persisted bringing her in for further evaluation. She was then diagnosed with lateral epicondylitis and underwent multiple injections treating the symptom. She also has complaint of the elbow with stiffness causing her difficulty performing activities of daily living. Her current complaints are of moderate to severe pain, nearly constant to the right elbow. She is not able to lift with the right upper extremity. Diagnostic treatment to include magnetic resonance imaging, oral analgesia, modified work duty. She is diagnosed with clinically moderate to severe right lateral epicondylitis refractory to conservative management inclusive of steroid injection. The plan of care involved recommending surgical intervention and follow up appointment in 4- 6 weeks. An operative report dated 01/13/2015 described the patient having undergone a right lateral epicondyle debridement with reattachment without complication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2x6 on the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional 12 sessions of physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient has 14 sessions of physical therapy approved post op. There is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.