MAXIMUS Federal Services

Case Number:	CM15-0055809		
Date Assigned:	04/01/2015	Date of Injury:	11/09/2013
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/24/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of November 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and earlier elbow epicondylectomy surgery on November 25, 2014. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve requests for six sessions of physical therapy to the elbow. The applicant's attorney subsequently appealed. In a March 2, 2015 progress note, the applicant reported ongoing complaints of elbow pain status post 24 prior physical therapy treatments, it was acknowledged. The attending provider stated that the applicant's condition was "not showing improvement." The applicant had reportedly run out of medications. The applicant was using an elbow brace, naproxen, and tramadol, it was acknowledged, all of which were refilled. Prilosec was also refilled. Additional physical therapy was endorsed. The applicant was given an extremely proscriptive 5-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. On November 20, 2014, the applicant underwent an elbow lateral epicondylectomy procedure to ameliorate a preoperative diagnosis of right elbow lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 (6 sessions), right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for an additional six sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (24 treatments, per the treating provider), seemingly well in excess of the 24-session postoperative course recommended in the MTUS Postsurgical Treatment Guidelines following earlier elbow epicondylectomy surgery, as transpired here. This recommendation is further qualified by commentary made in MTUS 9792.24.3.c.4b to the effect that postsurgical treatments shall be discontinued at any point during the postsurgical physical medicine treatment period in applicants who failed to demonstrate functional improvement with earlier treatment. Here, the applicant had, in fact, seemingly failed to effect any functional improvement with 24 prior sessions of treatment. The applicant remained off of work. A rather proscriptive 5-pound lifting limitation remained in place, despite receipt of prior physical therapy well in excess of MTUS parameters. The applicant remained dependent on opioid agents such as Ultracet (tramadol-acetaminophen). All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier postoperative physical therapy well in excess of MTUS parameters. Therefore, the request was not medically necessary.