

Case Number:	CM15-0056766		
Date Assigned:	04/01/2015	Date of Injury:	08/08/2013
Decision Date:	06/29/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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, Indiana, Oregon
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:

The injured worker is a 51-year-old female, who sustained an industrial injury on August 8, 2013. The injured worker was diagnosed as having tennis elbow, cervical radiculopathy and radial tunnel syndrome. Treatment to date has included physical therapy and medication. A progress note dated March 5, 2015 the injured worker complains of worsening left elbow pain. She reports the pain medication is not working. She reports pain is 8/10 at present. Physical exam notes left arm tenderness with multiple trigger points. Magnetic resonance imaging (MRI) of cervical spine was reviewed. The plan is for electromyogram, nerve conduction study, pain management, Gabapentin, naproxen, Amrix and Voltaren gel. There is a request for surgical intervention in a February 18, 2015 evaluation. There is a request for post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 times a week for 4 weeks for the left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: CA MTUS/Post surgical treatment guidelines, Elbow, page 17 states that 12 visits over 12 weeks are used for post-operative physical therapy for the elbow with half that amount initially approved pending re-evaluation. In this case, the request exceeds the guideline amounts. Thus, the request is not medically necessary.