

<b>Case Number:</b>	CM14-0148071		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50-year-old female who reported an injury on 09/11/2012. The injured worker reportedly suffered an injury while pulling a mattress. The current diagnoses include status post right elbow medial and lateral fasciectomy, medial epicondylitis, lateral epicondylitis, cubital tunnel syndrome, and ulnar tunnel syndrome. Previous conservative treatment is noted to include injections, physical therapy, and medications. The injured worker was evaluated on 06/17/2014 with complaints of significant operative pain in the right elbow. Physical examination revealed positive tenderness over the medial epicondyle, positive tenderness over the lateral epicondyle, positive Tinel's testing at the cubital tunnel, positive Tinel's at the ulnar tunnel, positive flexion testing, and limited range of motion. Treatment recommendations included aggressive physical therapy 3 times per week for 6 weeks and continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy 3xwk x 3wks right elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 16-18.

**Decision rationale:** The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment for ulnar nerve entrapment includes 20 visits over 10 weeks. Postsurgical treatment for a medial epicondylitis includes 12 visits over 12 weeks. As per the documentation submitted, the injured worker has undergone a right elbow partial medial epicondylectomy with transposition of the ulnar nerve on 06/02/2014. The injured worker has not received postoperative physical therapy. However, it is also noted that the injured worker was issued authorization for 9 sessions of postoperative physical therapy for the right elbow in 07/2014. It is unclear whether the injured worker has completed the initial 9 authorized sessions. Therefore, the current request cannot be determined as medically appropriate at this time.