

Case Number:	CM14-0151054		
Date Assigned:	09/19/2014	Date of Injury:	03/28/2013
Decision Date:	10/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 45 year old male with an injury date of 03/28/13. Based on the 06/05/14 progress report provided by [REDACTED], the patient complains of his right elbow and pain to his right shoulder. He is status post right elbow open lateral epicondylar debridement with extensor mass repair. Physical examination to his right elbow shows range of motion of 0 to 135 degrees with evidence of a well-healed scar. Patient has tenderness to the entire dorsal aspect of his right forearm extending to the hand. Per physical therapy report dated 08/11/14, patient had 39 visits. Patient is totally and temporarily disabled. Diagnosis 06/05/14:- history of right elbow industrial injury with partially torn extensor mass, right elbow- right elbow status post lateral epicondylar debridement with extensor mass repair 01/17/14- postoperative adhesive capsulitis of right shoulder with frozen shoulder weakness, pain and discomfort of the right upper extremity [REDACTED] is requesting Right elbow PT 2-3 x week x 4 weeks. The utilization review determination being challenged is dated 08/20/14. The rationale is "there is no noted change in examination findings of the elbow from 07/22/14 to 08/11/14. The claimant had 38 physical therapy visits to date." [REDACTED] is the requesting provider, and he provided treatment reports from 04/23/13 - 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow Physical Therapy 2-3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow & Upper Arm Page(s): 15-17.

Decision rationale: Patient presents with right elbow pain and is status post right elbow status post lateral epicondylar debridement with extensor mass repair. Per physical therapy report dated 08/11/14, patient had 39 visits. Patient is totally and temporarily disabled. MTUS post-surgical pg15-17, Elbow & Upper Arm states: " ECRB/ ECRL (Extensor Carpi Radialis Brevis/ Extensor Carpi Radialis Longus) debridement [DWC]: Postsurgical treatment: 10 visits over 4 months (Postsurgical physical medicine treatment period: 6 months)" and "Enthesopathy of elbow region (ICD9 726.3): Postsurgical treatment: 12 visits over 12 weeks (Postsurgical physical medicine treatment period: 6 months.)" Treater states in progress report dated 06/05/14 that patient's right elbow was immobilized in a sling while it was healing and he has developed adhesive capsulitis of the right shoulder. Treater recommends physical therapy to the right shoulder, however current request asks for physical therapy to the right elbow. Per physical therapy report dated 08/11/14, patient already had 39 visits. Request exceeds what is allowed by MTUS for this type of post-surgical treatment. Therefore, the request of right elbow Physical Therapy 2-3 times a week for 4 weeks is not medically necessary and appropriate.