

<b>Case Number:</b>	CM14-0160303		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Occupational Medicine, 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 claimant was injured on 06/12/12. Additional physical therapy for the right elbow has been requested. On 05/06/14, he was evaluated. He reported a cumulative trauma injury to the right elbow and right wrist/hand. He had a pulling muscle injury to the right elbow. He was also diagnosed with right carpal tunnel syndrome. He had multiple surgical procedures in early January 2013. He developed an infection and was hospitalized for nearly a week and received antibiotics. He was recommended for redo surgery of the right elbow. He had been treated for wrist cellulitis. He received clearance for the surgery. On 08/07/14, he underwent surgery for recurrent lateral epicondylitis, radial tunnel syndrome, and carpal tunnel syndrome of the right upper extremity. On 09/03/14, he was seen in follow-up postop. He had had one session of PT 2 days before. His wound looked good. He needed extensive therapy to gain motion to the shoulder. He needed to continue 2 times a week for 4 weeks. The provider and indicated that he estimated this would take 8-16 weeks of therapy. He would be seen again in 3 weeks. There were no other postoperative notes. The case notes indicate that 12 postop therapy sessions have been authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy (PT) 2x6 for right elbow (2 to date): Upheld**

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

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

**Decision rationale:** The history and documentation do not objectively support the request for 12 additional postop PT visits for the right elbow. The MTUS recommend "lateral epicondylitis/tennis elbow (ICD9 726.32): Postsurgical treatment: 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months." Reportedly, the claimant was already approved for 12 postop therapy sessions and had begun them. Approval of 12 visits should have been sufficient and there is no clinical evidence that he remains unable to continue and complete his rehab with an independent HEP. There is no indication that continuation of supervised exercises is likely to provide him with significant or sustained benefit that he cannot achieve on his own. He started his postop PT but his progress to date is not described in the records. The medical necessity of this request for 12 additional visits of postop PT for the right elbow has not been clearly demonstrated.