

<b>Case Number:</b>	CM14-0085040		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/03/2009
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Family 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 injured worker is a 54 year old female who was injured on 11/03/09. The mechanism of injury is cumulative trauma. The injured worker is status post right lateral epicondylar debridement and extensor reattachment performed on 03/25/14. Postsurgical treatment has included medication management and approximately 12 sessions of physical therapy. The injured worker complains of continued right elbow pain that radiates up into the right shoulder. Most recent clinical note dated 06/23/14 notes the injured worker demonstrates improvement since surgery and is participating in a home exercise program. It is noted additional physical therapy has been denied. Physical examination reveals full range of motion of the elbow and tenderness of the right lateral epicondyle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times a week for 4 weeks, right shoulder QTY 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

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

**Decision rationale:** The request for additional physical therapy 2 times per week for 4 weeks (8 sessions) for the right shoulder is not recommended as medically necessary. Records indicate the injured worker has received physical therapy to the right shoulder in conjunction with therapy for the right elbow following right elbow surgery. Records indicate the injured worker has completed the maximum number of postsurgical therapy visits per guideline recommendations. Additional treatment has been denied. Records do not include recent physical examinations of the right shoulder. Current functional deficits warranting treatment are not included. Based on the clinical information provided, medical necessity of additional physical therapy 2 times per week for 4 weeks is not established.

**Additional physical therapy 2 times a week for 4 weeks, right elbow QTY 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

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

**Decision rationale:** The request for additional physical therapy twice per week for four weeks for the right elbow (8 sessions) is not recommended as medically necessary. California Medical Treatment Utilization Schedule Postsurgical Treatment Guidelines allow for 12 sessions of physical therapy over 12 weeks for the pertaining procedure. Records indicate the injured worker has completed the recommended number of physical therapy visits. Recent physical examination did not reveal functional deficits warranting further treatment. Exceptional factors warranting treatment in excess of guideline recommendations are not noted. Based on the records provided, medical necessity of additional physical therapy twice per week for four weeks for the right elbow (8 visits) is not medically necessary.