

Case Number:	CM14-0093943		
Date Assigned:	07/25/2014	Date of Injury:	08/01/2012
Decision Date:	09/24/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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 Texas. 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:

Medical records reflect the patient is a 36 male who sustained a work injury on 8-1-12. On 5-29-14, he reports intermittent right elbow pain with throbbing and burning pain. On exam, he had swelling and a surgical scar on the right elbow, tenderness to palpation at the lateral epicondyle, and pain with resisted wrist extension. The patient has had 10-12 physical therapy sessions and injections without improvement. It is noted that he has a diagnosis of tear of the lateral collateral ligament and common extensor tendon and refractory epicondylitis and had surgery on 10-22-13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWK x 3WKS Right Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Post-Surgical Treatment Guidelines reflect that 14 visits of postoperative physical therapy over 6 months are indicated. This patient has had 10-12 visits but he is way beyond the 6 month mark. Additionally the requested 6 visits would exceed current treatment guidelines. There is an absence in documentation noting that this patient cannot perform a home exercise program based on the physical therapy he has had. Therefore, the request for physical therapy 2 x wk x 3 wks, right elbow, is not medically necessary.

