

Case Number:	CM14-0219103		
Date Assigned:	01/09/2015	Date of Injury:	10/01/2011
Decision Date:	03/30/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 60 year old male, who sustained an industrial injury on 10/01/2012. According to 7/6/2014 Peer Review Report, the injured worker has received elbow injections, previous physical therapy and used an elbow strap. Peer Review Report of 12/16/2014 Peer Review Report included report of a surgical procedure performed on 8/17/2014 in which the injured worker underwent a right elbow lateral epicondylectomy, debridement of the extensor tendon origin with repair; partial right elbow medial epicondylectomy; and debridement of flexor tendon with repair. The injured worker has also received a physical therapy evaluation only. The 12/16/2014 Peer Review Report further indicates an examination of the right arm and elbow noted complaints of right elbow pain and arm pain with stiffness. Operative scars were present and noted on the right elbow and arm. A decrease in forearm rotation and grasp were also documented. On 12/16/2014 Utilization Review non-certified a request for Physical Therapy 2x/week x 6 weeks, noting the criteria were partially met. The MTUS was cited. On 12/31/2014, the injured worker submitted an application for IMR for review of Physical Therapy 2x/week x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the right elbow and right shoulder: Upheld

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

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

Decision rationale: CA MTUS/Post surgical treatment guidelines, Elbow, medial epicondylitis, page 17 state that 12 visits over 12 weeks. In this case the requested physical therapy visits is not medically necessary as the claimant has exceeded the time period from the medial epicondylectomy and was discharged from therapy. There is no documentation in the exam note from 12/16/14 why a home program would not suffice or objective findings to warrant exceeding the guideline recommendations. Therefore the determination is for non-certification.