

Case Number:	CM14-0219312		
Date Assigned:	01/09/2015	Date of Injury:	08/18/2013
Decision Date:	03/05/2015	UR Denial Date:	12/19/2014
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old male, who sustained an industrial injury on August 18, 2013. He has reported sudden, severe snapping pain of the left elbow. The diagnoses have included left carpal tunnel syndrome and traumatic left lateral epicondylitis. Treatment to date has included an MRI, nerve conduction studies, physical therapy, tennis elbow strap, rest, and anti-inflammatories, anti-epilepsy, and pain medications. The injured worker underwent a left lateral epicondyle release and a left carpal tunnel release on November 4, 2014. Currently, the injured worker complains of numbness and tingling of the fifth finger and tenderness along the elbow. The injured worker was treated with postoperative physical therapy. On December 19, 2014 Utilization Review non-certified a prescription for an additional 8 visits (2 times a week for 4 weeks) of postoperative physical therapy for the left elbow (status post epicondylitis release), noting it was unclear why there was an additional request for formal physical therapy or what the additional benefit could be achieved from it as the injured worker had attended two visits of physical therapy and the physical exam indicated full range of motion of the elbow and no muscular weakness. The California Medical Treatment Utilization Schedule (MTUS) guidelines for posterior carpal tunnel release were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional postoperative physical therapy for the left elbow (s/p epicondylitis release: 11/4/14) twice a week for four weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on August 18, 2013. The medical records provided indicate the diagnosis of left carpal tunnel syndrome and traumatic left lateral epicondylitis. Treatment to date has included an MRI, nerve conduction studies, physical therapy, tennis elbow strap, rest, and anti-inflammatories, anti-epilepsy, and pain medications. The medical records provided for review do indicate a medical necessity for 8 additional postoperative physical therapy for the left elbow (s/p epicondylitis release: 11/4/14) twice a week for four weeks. The MTUS post-surgical treatment guidelines recommends 12 visits over 12 weeks each within a postsurgical physical medicine treatment period of 6 months for Lateral epicondylitis/Tennis elbow, and medial epicondylitis/Golfers' elbow. The guidelines states that only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe postsurgical treatment under this guideline. The requested treatment is medically necessary and appropriate.