

Case Number:	CM14-0036863		
Date Assigned:	06/27/2014	Date of Injury:	10/12/2013
Decision Date:	03/10/2015	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 a year old male, who sustained an industrial injury on 10/12/2014. He reported left arm and shoulder pain and was diagnosed with recalcitrant right humeral lateral epicondylitis, sprain/strain of the right elbow and resolved sprain/strain of the right shoulder. Treatment to date has included physical therapy, acupuncture, home exercises, and rest and medication management. The injured worker declined steroid injections. Currently, the IW complains of continued right elbow tenderness and slight swelling. The treatment plan included 9 visits of physical therapy, surgical repair of right humeral lateral epicondylitis and 9 additional visits of physical therapy post-operatively. On 2/26/2014, Utilization Review non-certified a request for 9 visits for physical therapy to the right elbow and 9 visits of physical therapy to the right elbow post- operative, noting the surgery was non-certified making the request medically unnecessary. The MTUS and Official Disability Guidelines were cited. On 3/26/2014, the injured worker submitted an application for IMR for review of 9 visits for physical therapy to the right elbow and 9 visits of physical therapy to the right elbow post- operative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 times a week for 3 weeks, right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Elbow, Physical/Occupational Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Elbow

Decision rationale: Additional Physical Therapy 3 times a week for 3 weeks, right elbow is not medically necessary per the MTUS Guidelines and ODG. The ODG recommends up to 8 visits over 5 weeks for medical treatment for Lateral epicondylitis/Tennis elbow and up to 12 post surgical visits. The documentation indicates that the patient has had prior physical therapy for this condition. The MTUS encourages transition to a self directed home exercise program. The patient should be versed in a home exercise program. There are no extenuating factors to require an additional 9 supervised therapy visits. The request for additional physical therapy to the right elbow is not medically necessary.

Post-operative Physical Therapy 3 times a week for 3 weeks right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation elbow

Decision rationale: Post-operative Physical Therapy 3 times a week for 3 weeks right elbow is not medically necessary per the MTUS Guidelines and ODG. The ODG recommends up to 8 visits over 5 weeks for medical treatment for Lateral epicondylitis/Tennis elbow and up to 12 post surgical visits. The documentation indicates that the surgery was deemed not medically necessary therefore the request for post op therapy is not medically necessary.