

<b>Case Number:</b>	CM15-0004338		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	08/01/2010
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: New York, New Hampshire, Washington  
 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 57 year old female with an industrial injury dated August 1, 2010. The injured worker diagnoses include lateral epicondylitis. The injured worker was status post lateral epicondylar debridement and extensor reattachment on November 18, 2014. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 12/10/2014, the injured worker reports upper extremity pain. Objective findings revealed moderate restriction of the bilateral wrist and decrease range of motion in the elbow. The treating physician prescribed services for post-operative physical therapy 2 times a week for 6 weeks to the left elbow. Utilization Review determination on December 19, 2014 modified the request to post-operative physical therapy to the left elbow, QTY: 4, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2 times a week for 6 weeks to the left elbow:** Upheld

**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): 16.

**Decision rationale:** MTUS guidelines recommend 10 postop visits over 4 months. The patient has chronic elbow pain and has had elbow surgery. MTUS guidelines indicate that 12 visits is excessive for this surgery. Also, there is no documentation of clinical improvement after a short course of post-op PT. MTUS guidelines require documented improvement with postop PT prior to authorizing more PT.