

Case Number:	CM15-0011384		
Date Assigned:	01/29/2015	Date of Injury:	11/11/2005
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old male who reported an injury on 11/11/2005. The mechanism of injury was not provided. The injured worker underwent a left elbow lateral release. The injured worker was status post left cubital tunnel syndrome on 08/29/2010, revision left cubital tunnel release submuscular transposition on 01/08/2010, and elbow lateral release with 12 certified physical therapy visits. The injured worker underwent left shoulder physical therapy on 03/26/2014. The documentation of 11/11/2005, revealed the injured worker was being seen in followup examination for the left elbow, left shoulder, and left wrist. The injured worker had no changes in progress. The injured worker had stiffness and swelling, and limited range of motion. The injured worker was not participating in physical therapy and was awaiting a report from the Agreed Medical Evaluation. The injured worker had x-rays of the left elbow, which revealed no increase in osteoarthritis. The diagnoses included sprain/strain of the neck, internal derangement of joint articular cartilage disorder, and lateral epicondylitis. The treatment plan included an additional 12 sessions of physical therapy to improve soft tissue mobility and reduce the injured worker's pain. The injured worker was given the medications hydrocodone/APAP 2.5/325 mg #30 for pain relief, cyclobenzaprine 7.5 mg for muscle relaxer and relieve spasms, and diclofenac ER 100 mg for inflammation and swelling, tramadol hydrochloride ER 150 mg for pain, as well as pantoprazole sodium ER 20 mg, #60 to prevent heartburn and gastritis. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT P/O Physical Therapy Left Elbow 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: The California Medical Treatment Utilization Schedule Surgical Treatment Guidelines indicate that the post surgical treatment for epicondylitis is 12 visits. The clinical documentation submitted for review indicated the injured worker had 12 visits. There was a lack of documentation of objective functional benefit that was received and objective functional deficits remaining. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for decision for EXT P/O physical therapy, left elbow, 3 x4, is not medically necessary.