

Case Number:	CM15-0012923		
Date Assigned:	01/30/2015	Date of Injury:	08/18/2012
Decision Date:	03/18/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/22/2015

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

Certification(s)/Specialty: Emergency 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 46 year old female, who sustained an industrial injury on 8/18/12. The injured worker complains of right elbow pain and when she picks up anything greater than 7-10 pounds her pain is elevated and when clenching a book there is tingling going up her arm. The diagnoses have included lateral epicondylitis. The injured worker had an ultrasound-guided percutaneous lateral epicondylitis tenotomy on 10/8/14. She has also received physical therapy sessions. Review of records show that patient has completed over 12 sessions of physical therapy. According to the utilization review performed on 12/29/14, the requested Physical therapy 2x4, QTY: 8 has been non-certified. Utilization review citations used was MTUS post-op physical therapy guidelines; Post-surgical treatments 12 visits over 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4, QTY: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As per MTUS Post-surgical treatment guidelines, guidelines recommend up to 10 physical therapy. Patient has had at least 12 sessions and potentially up to 14 sessions. There is no documentation of benefit of continued PT. Any additional sessions are not supported by documentation.