

<b>Case Number:</b>	CM15-0013452		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/21/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: 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 49 year old female, who sustained an industrial injury on 7/21/10. She has reported right shoulder injury working as a cashier after lifting a gallon of milk. The diagnoses have included epicondylitis. Treatment to date has included medications, diagnostics, splinting, bracing, Home Exercise Program (HEP) chiropractic, and physical therapy. Surgery included right hand surgery on 7/2011 and right elbow surgery. Currently, the injured worker continues to complain of right hand, wrist and elbow pain. She has received post-operative physical therapy, acupuncture, injections and medications. She rates the hand and wrist pain 6-7/10 and the elbow pain 5/6/10. The pain gets worse with lifting. She takes medications and uses a brace. Magnetic Resonance Imaging (MRI) of the right elbow done on 2/7/14 revealed lateral epicondylitis. Claimant is status post right carpal tunnel release and cubital tunnel release on 8/12/14. Records reviewed demonstrates claimant has been authorized for 23 postoperative physical therapy visits. Handwritten PR-2 from 12/11/14 does not demonstrate and objective findings. Treatment was for physical therapy status post right elbow surgery. There was no previous physical therapy notes documented. On 12/19/14 Utilization Review non-certified a request for Physical therapy 3 times a week for 6 weeks, diagnosis s/p right elbow surgery and Re-evaluate in 6 weeks, noting the request for Physical therapy 3 times a week for 6 weeks, diagnosis s/p right elbow surgery there were no documented objective functional deficits that indicate that the injured worker could not complete the rehabilitation process with and independent Home Exercise Program (HEP). Regarding the Re-evaluate in 6 weeks, there was no recommendation for continued physical therapy, no examination findings and no rationale

that this injured worker should be followed up in 6 weeks. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 3x6, Dx s/p right elbow surgery:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** CA MTUS/Postsurgical treatment guidelines, Elbow and Upper Arm, Cubital tunnel release, page 16 recommends 20 postoperative visits over a 3 month period. The claimant has been authorized for 23 visits with no objective evidence of improvement. Therefore, the determination is for non-certification.

**Re-evaluate in 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter, Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Office Visits

**Decision rationale:** CA MTUS/ACOEM is silent on office visits. According to the ODG pain section, Office visits, Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the exam note from 12/11/4 does not demonstrate complex diagnosis, failure of non-operative management or objective findings to warrant a specialist referral. Therefore the determination is for non certification.

