

<b>Case Number:</b>	CM15-0016697		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Florida, New York, Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 50 year old female, who sustained an industrial injury on December 7, 2012. She has reported an injury to her hands, wrist, arms and elbows as a result of overuse of the arms, fingers and elbow. The diagnoses have included status post right elbow lateral release, lateral epicondylitis. Treatment to date has included right lateral epicondylectomy and extensor mass lengthening with application of long arm splint, medication and physical therapy. Currently, the injured worker complains of right lateral elbow pain with moderate numbness and paresthasias. Right elbow injections have provided temporary relief. The injured worker describes the pain was moderate with radiation into the elbow, upper arm and forearm. She rates the pain a 9 on a 10-point scale and indicates the symptoms are improved with heat, ice and medications. On examination, the injured worker's range of motion of the right elbow for extension was 0 degrees and for flexion was 120 degrees. An electrodiagnostic report of the bilateral upper extremities on 4/30/2013 revealed a normal study with no electrodiagnostic evidence of bilateral carpal tunnel syndrome. On January 16, 2015 Utilization Review modified a request for six sessions of post-operative physical therapy to the right elbow and hand, noting that the injured worker should be familiar with an independent home exercise program. One physical therapy session was allowed to transition to the independent home exercise program. The California Medical Treatment Utilization Schedule was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of six sessions of post-operative physical therapy to the right elbow and hand.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow and hand post-operative physical therapy #6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Part 2 Page(s): 7, 8, 92, 98-99.

**Decision rationale:** Postoperative physical therapy is a recommended option to decrease pain, restore ROM and muscle strength and to improve function. It usually can be completed in 8 weeks allowing for fading of frequency down to 1 visit a week or less but can be extended in the face of functional improvement. It would be expected then that if the injured workers surgery were a success that the initial postoperative PT would have restored function. Documentation of a flare may be justification to consider another course of treatment. The ongoing record does not report a flare of symptoms nor a new injury to the elbow after the surgery 6/10/14. She had in fact completed 15 or 18 authorized treatments. The injury is well past the point of ongoing utility from the surgery in 2014 from which she was reported to have noted a decrease in pain. A return to the use of PT in this situation, especially in the face of an absence of improved function cannot be supported. Concur with the UR review and modification.