

Case Number:	CM15-0111629		
Date Assigned:	06/18/2015	Date of Injury:	09/28/2012
Decision Date:	07/16/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/09/2015

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, Indiana, Oregon
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 male, who sustained an industrial injury on 09/28/2012. He has reported injury to the right elbow. The diagnoses have included entrapment interosseous posterior, right elbow; tear extensor tendon elbow, right; and epicondylitis lateral tennis elbow, right. Treatment to date has included medications, diagnostics, activity modification, elbow strap, and cortisone injections. Medications have included Ultram and Flector Patches. A progress note from the treating physician, dated 05/27/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of recurrent pain and discomfort, and limited motion of the right elbow; and he has marked limits in extension of the wrist and fingers against resistance. Objective findings included marked tenderness to the right lateral epicondyle, right extensor origin, with pain and swelling; he has had three cortisone injections in the right elbow; the most recent injection has worn off, and he has persistent pain and discomfort with palpable prominence of the lateral epicondyle with associated spurring; and because of favoring the right arm, he is developing increasing symptoms in the left arm, and as such, surgery appears prudent and indicated. The treatment plan has included right lateral epicondylar release with osteotomy. Request is being made for post-operative physical therapy (PT) 3 times a week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy (PT) 3 times a week for 5 weeks: Upheld

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

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

Decision rationale: CA MTUS/Post-Surgical Treatment Guidelines, Elbow, Lateral epicondylitis, page 17 states that 12 visits of physical therapy over 12 weeks is allowed. Half of the visits are initially recommended pending re-evaluations. In this case, the request amount exceeds guidelines. Therefore, this request is not medically necessary.