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| Case Number: | CM15-0112297 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 10/18/2013 |
| Decision Date: | 09/03/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 06/10/2015 |

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: Arizona, California
 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 46 year old male, who sustained an industrial injury on October 18, 2013. He reported an injury to his right elbow. Treatment to date has included MRI of the right elbow, physical therapy, platelet rich plasma injection, and right elbow lateral epicondyle debridement, common extensor tendon origin release, stripping, debridement and repair on January 19, 2015. A physician's evaluation on April 20, 2015 revealed the injure worker reported decreasing pain in the left elbow. He reports mild pain when performing activities of daily living. On physical examination, the injured worker's right elbow incision is well healed. He has mild tenderness to palpation over the right lateral epicondyle and has mild pain with extension of the right elbow. Sensation is intact to light touch and his motor strength is within normal limits in the bilateral upper extremities. An x-ray of the right elbow revealed no abnormalities with bone, joint or soft tissue. The diagnoses associated with the request include right elbow lateral epicondylitis status post platelet rich plasma injection and status post lateral epicondyle surgery. The treatment plan includes continued physical therapy of the right elbow, activity modification, ice-cold therapy, and rest.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right elbow, twice a week for six weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter and pg 18.

Decision rationale: According to the guidelines, post-op therapy for epicondylitis may consist of 12 sessions of therapy over 12 weeks. In this case, the claimant already received 12 sessions of therapy after surgery. There is no indication that therapy cannot be completed at home. An additional set of 12 sessions of therapy is not medically necessary.