

Case Number:	CM15-0048862		
Date Assigned:	03/20/2015	Date of Injury:	06/30/2010
Decision Date:	05/07/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, 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:

This is a 59 year old female patient who sustained an industrial injury on 06/30/2010. The diagnoses include right lateral epicondylitis, rotator cuff syndrome and carpal tunnel syndrome. Per the note dated 1/13/2015, patient is status post right elbow surgery. The physical examination of the right elbow revealed clean and dry surgical wound; range of motion -5 to 120 degrees with no laxity. The current medications list is not specified in the records provided. She has had X-ray with normal findings. She has undergone right elbow lateral epicondylitis repair on 12/5/2014; right shoulder arthroscopic surgery on 4/11/2014. She has had 12 physical therapy visits for this surgery. The treatment plan included Post-Operative: Physical Therapy for the Right Elbow, 2 x 6 weeks, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative: Physical Therapy for the Right Elbow, 2 x 6 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Request: Post-Operative: Physical Therapy for the Right Elbow, 2 x 6 weeks, 12 sessions. MTUS post-surgical guidelines recommend up to 12 post op visits over 12 weeks for this surgery. Per the records, provided patient has already had 12 post op physical therapy visits for this surgery. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. Per MTUS post-surgical guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." There is no evidence of ongoing significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visits notes are not specified in the records provided. In addition, per the cited guidelines "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." In addition, significant functional deficits that would require additional visits are not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Post-Operative: Physical Therapy for the Right Elbow, 2 x 6 weeks, 12 sessions is not fully established for this patient. Therefore, the request is not medically necessary.