

Case Number:	CM15-0074184		
Date Assigned:	04/24/2015	Date of Injury:	03/31/2014
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 54 year old female who sustained an industrial injury on 3/31/14. The injured worker reported symptoms in the left elbow. The injured worker was diagnosed as having medial epicondylitis and cubital tunnel syndrome. Treatments to date have included therapy, activity modification, and bracing. Currently, the injured worker complains of left elbow discomfort. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: In this case, the patient underwent surgery for medial epicondylitis. The postsurgical treatment is 12 physical medicine visits over 12 weeks with postsurgical physical

medicine treatment period of 6 months. The request was for an additional 8 physical therapy visits. The patient has not completed the authorized postoperative treatments. Medical necessity for additional treatments cannot be determined until there is documented need for further treatment and objective evidence of functional improvement. The request should not be authorized.