

Case Number:	CM15-0074229		
Date Assigned:	04/24/2015	Date of Injury:	04/26/2013
Decision Date:	05/29/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old female, who sustained an industrial injury on 4/27/13. She reported right elbow pain. The injured worker was diagnosed as having right lateral epicondylitis. Treatment to date has included multiple steroid injections. A MRI obtained on 7/22/14 revealed lateral epicondylitis and extensive interstitial partial tearing of the common extensor origin. Currently, the injured worker complains of right elbow pain with right upper extremity weakness. The treating physician requested authorization for physical therapy 2x6 for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 6 Weeks Right Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic right elbow pain and right upper extremity weakness due to lateral epicondylitis. She underwent surgery on 01/13/15 and had 14 post-operative therapy treatments. Guidelines address the role of physical therapy following extensor tendon tenolysis. The post surgical treatment period is 6 months with up to 18 therapy visits over 4 months after surgery. In this case, the claimant's has already had physical therapy. Compliance with an independent exercise program would be expected and would not require continued skilled therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The additional therapy being requested is in excess of the guideline recommendation and not medically necessary.