

<b>Case Number:</b>	CM15-0094399		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: 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:

This is a 62-year-old male with a July 3, 2014 date of injury. A progress note dated March 27, 2015 documents subjective findings (right elbow pain rated at a level of 4/10; right upper back pain rated at a level of 3/10; right mid back pain rated at a level of 3/10; left chest pain rated at a level of 2/10; right hand pain rated at a level of 3/10; numbness and grinding in the right hand; pain that radiates down to the right arm, elbow, and fingers), and current diagnoses (right hand lateral epicondylitis). Objective findings were noted to be unchanged since the previous visit. A progress note dated February 27, 2015 documents objective findings (tenderness and swelling noted over the lateral joint line of the right elbow; tenderness over the lateral epicondyle; decreased strength and range of motion). Treatments to date have included exercise, physical therapy, acupuncture, cortisone injection to the right elbow, magnetic resonance imaging of the right elbow (December 29, 2014; showed mild grade changes of tearing of the common extensor tendon, and mild changes of biceps tendinosis), medications, and an elbow strap. The treating physician documented a plan of care that included right arm surgery, preoperative medical clearance, postoperative physical therapy, and a postoperative cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy (12-weeks 3 times a week for 4 weeks): Upheld**

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

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

**Decision rationale:** CA MTUS/Post surgical treatment guidelines state that for lateral epicondylitis the treatment timeframe is for 12 visits over 12 weeks. Half the recommended visits are recommended first followed by a reassessment. In this case, the request exceeds the recommended 6 initial visits and is therefore not medically necessary.

**Post-Operative Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy for the elbow. According to the ODG, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of either heat or cold packs to suit patient. As the guidelines do not recommend cryotherapy for the elbow, the request is not medically necessary.