

<b>Case Number:</b>	CM15-0097817		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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  
 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:

The injured worker is 47 year old male, who sustained an industrial injury on April 3, 2013. The injury occurred while the injured worker was lifting sheetrock and felt a popping sensation in the right elbow, accompanied with intense pain. The diagnoses have included right medial and lateral epicondylitis, right extensor forearm strain and chronic right elbow pain. Treatment to date has included medications, radiological studies, corticosteroid injection, acupuncture treatments, physical therapy and right elbow surgery on June 6, 2014. Current documentation dated April 16, 2015 notes that the injured worker reported right elbow pain, which has been decreased with electro-acupuncture treatment. The injured worker noted decreased pain and increased functional improvement. Examination of the right elbow revealed tenderness and swelling. The injured worker had full range of motion of the right elbow and normal motor strength. Documentation dated March 3, 2015 notes that the injured worker had occasional right elbow pain with associated swelling. Physical examination was unchanged from the prior visit. The treating physician's plan of care included a request for additional post-operative physical therapy # 6 to the right elbow and a right elbow brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy for the right elbow, quantity: 6 sessions: Upheld**

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

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

**Decision rationale:** CA MTUS/Post surgical treatment guidelines, Elbow, Lateral epicondylitis, page 17 states that 12 visits over 12 weeks. In this case the requested physical therapy visits is not medically necessary as the claimant has exceeded the time period from the lateral epicondylectomy and was discharged from therapy. There is no documentation in the records of 4/16/15 why a home program would not suffice or objective findings to warrant exceeding the guideline recommendations. Therefore, the request is not medically necessary.

**Right elbow brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow Chapter- Splinting (padding).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26.

**Decision rationale:** CA MTUS/ACOEM, Elbow Disorders, page 26 states that the use of a brace is supported for conservative treatment. The exam notes from 4/16/15 to do demonstrate any functional deficits or instability that would warrant an elbow brace. Therefore, the request for an elbow brace is not medically necessary and appropriate.