

Case Number:	CM14-0143198		
Date Assigned:	09/10/2014	Date of Injury:	06/21/2011
Decision Date:	10/07/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40 year old female with date of injury 6/2/11. The treating physician report dated 8/6/14 indicates that the patient presents with frequent pain affecting the lateral right elbow with numbness and tingling of her right ring and small fingers and the ulnar aspect of her hand occasionally on a daily basis. The patient is status post-operative arthroscopy of the right elbow with a lateral release, partial synovectomy, removal of loose bodies and antrarticular injection right elbow dated 5/22/14. The physical examination findings reveal right elbow flexion is 130 degrees, extension is 0, pronation and supination is 80. Muscle strength testing is normal 5/5 and Jamar grip testing is 15/10/15 right and 40/40/35 left. The current diagnoses are: 1.Right elbow pain2.S/P right lateral epicondyloplastyThe utilization review report dated 8/15/14 denied the request for additional post-op physical therapy 6 visits to the right elbow based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Op Physical Therapy 6 visits to the Right Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The patient presents with continued pain and paresthesia affecting the right elbow and right hand status post right elbow surgery for lateral epicondylitis on 5/22/14. The current request is for Additional Post-Op Physical Therapy 6 visits to Right Elbow. The treating physician report dated 8/6/14 states, "She has completed 12 sessions of PT and has 4 sessions remaining." The physical therapy report dated 8/14/14 states, "Patient progressing steadily, increased ranges of motion, recommend additional 2x4 treatment." The MTUS Post Surgical Treatment Guidelines recommend 12 visits of physical therapy treatment over 12 weeks following surgery for lateral epicondylitis. The treating physician states that the patient has normal ranges of motion and normal muscle strength with decreased grip strength. The patient has completed 16 sessions of physical therapy and there is nothing in the records provided to indicate that a new injury or diagnosis is present. Recommendation is for denial of 6 additional physical therapy sessions.