

Case Number:	CM13-0006127		
Date Assigned:	12/18/2013	Date of Injury:	03/15/2013
Decision Date:	02/03/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This is a 66 year-old, 5'5", 130 lbs, right-handed, female sales agent for [REDACTED] with a cumulative trauma injury from 03/15/13. She has been diagnosed with trigger finger of the right 3rd, 4th and 5th digits and right elbow lateral epicondylitis. The orthopedic surgeon, [REDACTED], recommended OT 3x4 on his 6/18/13 report. The prior orthopedic report was from 4/30/13 and the patient was provided cortisone injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 12 OCCUPATIONAL/PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: MTUS states for various myalgias or neuralgias 8-10 PT sessions are appropriate. Other guidelines such as ODG suggest a trial of 6 sessions to allow for reporting of

any functional improvement. While an initial trial of PT or OT would seem appropriate, the initial request for PT or OT 3x4 will exceed the number of visits recommended by MTUS.