

Case Number:	CM13-0041883		
Date Assigned:	02/20/2014	Date of Injury:	01/01/2011
Decision Date:	04/22/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Medicine, has a subspecialty in Pain Medicine 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:

A 40 yr. old female claimant sustained a work injury since 2009 involving the right hand, wrist and forearm. She had a diagnosis of medial epicondylitis, cubital tunnel syndrome, DeQuervain's tenosynovitis of the 1st dorsal compartment and generalized arm pain. She underwent over 12 sessions of physical therapy in 2009, wore wrist braces, took oral analgesics and had cortisone injections. An EMG in 2012 was normal. A progress note on 8/16/13 indicated she had tenderness of the right lateral epicondyle, right medial epicondyle, swelling in the 1st dorsal compartment, positive Finklestein's test, pain of 3/10 and normal range of motion. The treating physician ordered 12 additional sessions of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 12 SESSIONS PHYSICAL THERAPY - BILATERAL ELBOW: Upheld

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

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

Decision rationale: In this case, the claimant had already received therapy after the injury. Therapy is recommended in the early phases of injury. The claimant also had a treatment amount

that exceeded the fading protocol recommended. Additional exercises can be performed at home and physical therapy is not medically necessary.