

Case Number:	CM13-0045491		
Date Assigned:	03/03/2014	Date of Injury:	08/13/2013
Decision Date:	05/23/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational 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:

The patient is a 51 year old female with date of injury 8/13/2013. A primary treating physician's progress report dated 10/15/2013 lists subjective complaints as difficulty raising her right arm due to pain from her forearm and upper arm. When she leans or puts pressure in the right elbow, she has pain over the dorsum of the forearm. Objective findings: Examination of the elbow revealed full range of motion with no significant medial or lateral epicondyle tenderness, bilaterally. The radial tunnel was tender on the right, not on the left, down the dorsal forearm, but not to the extent of the wrist. She had pain over the course of the radial nerve mid upper arm, proximal on the right but not on the left. There was also some pain noted with shoulder external rotation on the right at the dorsal forearm. Tinel at the wrist and at the cubital tunnel were negative bilaterally. Diagnosis: Mild right radial tunnel symptoms versus cervical radiculopathy. The patient has completed 24 sessions of physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL SESSIONS OF PHYSICAL THERAPY: 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: The MTUS Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The medical records provided for review offer no evidence of functional improvement. The medical records indicate that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by the MTUS Chronic Pain Guidelines. The request for additional physical therapy is not medically necessary and appropriate.