

Case Number:	CM13-0053885		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2013
Decision Date:	08/14/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/14/2013

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 Orthopedic Surgery 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 claimant is a 46-year-old who was injured in a July 3, 2013, work-related accident. A September 22, 2013, progress report describes subjective complaints since the injury of right elbow and right wrist pain, for which the claimant has been diagnosed with lateral epicondylitis and a right wrist strain. Physical examination showed 4/5 motor strength to the bilateral upper extremities in a global fashion. There was pain with resisted wrist function. There was positive tenderness over the lateral epicondyle and 4/5 strength with flexion and extension of the wrist. At that time, the treating provider recommended 18 additional sessions of physical therapy for the right elbow and wrist, continuation of home exercise program, a TENS (transcutaneous electrical nerve stimulation) unit, a functional capacity examination, an MRI scan of the wrist and elbow, and electrodiagnostic studies to the upper extremities. This review request is for 18 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 265, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, eighteen additional sessions of physical therapy would not be indicated. The Elbow Disorders Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support the use of physical therapy to initially treat symptoms of the elbow and wrist with transition to a home exercise program. The medical records document that the claimant has completed a course of physical therapy and acupuncture. At this point in the claimant's care, transition to a home based program would be appropriate. There is no documentation to indicate that the claimant is not capable of performing a home based program. In addition, the Chronic Pain Guidelines recommend nine to ten sessions of physical therapy for the treatment of an acute, symptomatic flare with transition to a self-directed home program. There is no documentation to support that the claimant is experiencing a flare in her symptoms. The request for eighteen sessions of physical therapy is not medically necessary or appropriate.