

Case Number:	CM13-0060435		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2012
Decision Date:	04/11/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine & 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 52-year-old female who reported an injury on 06/03/2012. The mechanism of injury was hitting the elbow on other objects twice. The progress report dated 09/19/2013 indicated the patient had complaints of right elbow pain that radiated to the fingers. Upon examination there was increased pain with range of motion of the right elbow. The patient's work status was noted to be full duty. The supplemental report for record review dated 09/24/2013 indicated the patient had a normal nerve conduction study and an electromyography. The patient had complaints of lateral elbow pain which radiated up and down the arm, the forearm, and into the upper arm. The patient also complained of burning in the palm of her right hand. The diagnosis listed was lateral epicondylitis, partial tear of the extensor tendon in the right elbow, no evidence of carpal tunnel syndrome clinically.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELBOW HOME EXERCISE REHAB KIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Section Page(s): 46-47.

Decision rationale: The request for durable medical equipment elbow home exercise rehab kit for the right elbow quantity 1 is non-certified. The California MTUS states there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercises contraindicated. The records submitted for review failed to include documentation of a failed physical therapy or failed home exercise program to support the use of durable medical equipment elbow home exercise rehab kit for the right elbow. Furthermore, the CA MTUS state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. .As such, the request for durable medical equipment elbow home exercise rehab kit for the right elbow quantity 1 is not supported. Therefore the request is non-certified.