

Case Number:	CM13-0060853		
Date Assigned:	07/02/2014	Date of Injury:	05/11/2011
Decision Date:	09/12/2014	UR Denial Date:	10/30/2013
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 Illinois. 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 injured worker is a 29-year-old female who reported an injury on 05/11/2011. The mechanism of injury was not specifically stated. The current diagnoses include pain in a joint of the forearm, pain in a joint of the hand and medial epicondylitis of the elbow. It is noted that the injured worker has been previously treated with acupuncture, physical therapy, and activity modification. The current medication regimen includes Emoquette 0.15/30 mg. The injured worker was evaluated on 04/25/2014. It is noted that the injured worker was currently utilizing a brace at night to help with numbness and tingling in the right hand. Physical examination revealed positive Tinel's and Phalen's testing on the right and right medial epicondyle tenderness. Treatment recommendations at that time included a physical therapy evaluation with treatment twice per week for 3 weeks. There was no DWC Form RFA submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X3 FOR THE BILATERAL WRISTS/HANDS/FOREARM:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-268.

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

Decision rationale: The California MTUS Guidelines state 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. As per the documentation submitted, the injured worker has previously participated in physical therapy. However, there was no documentation of the previous course of treatment with evidence of objective functional improvement. There is no documentation of a significant functional limitation. The medical necessity for ongoing treatment has not been established. As such, the request is not medically necessary.