

Case Number:	CM13-0062343		
Date Assigned:	12/30/2013	Date of Injury:	01/22/2013
Decision Date:	03/20/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant has filed a claim for chronic elbow pain, wrist pain and upper extremity pain reportedly associated with an industrial injury of January 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; 12 sessions of physical therapy, per the claims administrator; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of January 7, 2014, the claims administrator denied a request for additional physical therapy, citing a variety of MTUS and non-MTUS guidelines. The applicant's attorney subsequently appealed. An earlier note of December 4, 2013 is handwritten, sparse, difficult to follow, not entirely legible, and notable for comments that the applicant is a former legal process clerk who reports persistent elbow and wrist pain, with associated swelling and numbness. A positive Finkelstein maneuver is apparently noted about the wrist with swelling appreciated about the elbow. The applicant is asked to pursue 18 sessions of further physical therapy and remain off of work, on total temporary disability. The applicant's case and care have been apparently complicated by pregnancy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) physical therapy (PT) or occupational therapy (OT) sessions for the right wrist/elbow, three (3) times a week for six (6) weeks: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines recommend an eight to ten (8 to 10) session course for neuralgia and neuritis of various body parts. The diagnosis is seemingly present here. The applicant has already had prior treatment (at least 12 sessions); seemingly well in excess of guideline recommendation. There has been no evidence of functional improvement following the completion of the same, so as to justify further treatment beyond the guideline. The fact that the applicant remains off of work, is on total temporary disability, implies a lack of functional improvement as defined in the guidelines, as do the applicant's ongoing pain complaints. Therefore, the request remains non-certified on Independent Medical Review.