

Case Number:	CM13-0063663		
Date Assigned:	12/30/2013	Date of Injury:	04/04/2011
Decision Date:	04/03/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/10/2013

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 Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This patient is a 50 year old female with date of injury of 04/04/2011. The listed diagnoses per [REDACTED] dated 10/15/2013 are: 1. Overuse syndrome, right upper extremity. 2. Myofascial pain syndrome, right trapezius. 3. Status post right shoulder surgery , 2012 According to progress report 10/15/2013 by [REDACTED], the patient presents with right upper back, right elbow, and right forearm pain. She is having some fullness in her forearm/wrist region. She is also having some pain in the inside medial aspect of her elbow with some numbness and tingling. Physical examination reveals tenderness to palpation over the right trapezius with palpable spasm noted. Right elbow reveals tenderness to palpation in the medial epicondyle region. Positive for Tinel's over the medial aspect of the elbow. There is no intrinsic pain or atrophy noted in the hand. She does have fullness and tenderness over the second dorsal compartment extending proximally. Treater is requesting 8 additional physical therapies for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 x 8 for the Right Elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Intergrated Treatment/Disability.

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

Decision rationale: This patient presents with right upper back, right elbow, and right forearm pain. The treater is requesting 8 additional physical therapy visits for the right elbow. Utilization review dated 12/02/2013 denied the request stating that the patient has received 12 sessions of physical therapy and should be participating in a self-directed home exercise program. Review of 94 pages of records do not show any recent physical therapy reports to verify how much treatments and with what results were accomplished. However, physical therapy services status sheet dated 01/09/2013 and 09/17/2013 show that the patient received therapy on those two given days, no results were documented. MTUS Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, the request for 8 additional sessions combined with the previous 2 that the patient received appears reasonable and within MTUS Guidelines. For request is certified.