

Case Number:	CM13-0063951		
Date Assigned:	01/03/2014	Date of Injury:	04/16/2012
Decision Date:	07/10/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/10/2013

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 45-year-old female who reported injury on 04/06/2012 due to repetitive motion. The injured worker has previously been treated with 12 physical therapy sessions. The injured worker underwent an MRI of the right elbow without contrast on 12/21/2012. The MRI revealed no evidence of lateral epicondylitis. There was a trace 1 x 4 mm bursitis identified in the radial tuberosity attachment site of the biceps tendon without evidence of tendinosis or tendon tear. At the medial aspect of the elbow the level of the cubital tunnel, the ulnar nerve appeared slightly thickened with mild intrasubstance edematous signal intensity. Soft tissue edema was identified immediately superficial to the ulnar nerve at this location. The imaging findings were suggestive of ulnar neuritis. The documentation of 12/03/2013 revealed the injured worker had a diagnosis of chronic regional pain along with chronic tendonitis of the rotator cuff. The treatment plan included pain management for an ultrasound-guided injection in the right shoulder and Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 WEEKS: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend physical medicine with treatment for a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had undergone 12 sessions of physical therapy. There was a lack of documentation of objective benefit that was received. There was a lack of documentation of a PR2 and DWC form requesting therapy. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. The request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, the request for physical therapy 2 x 6 weeks is not medically necessary.

CONSULTATION WRIST/HAND SPECIALIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The ACOEM Guidelines indicate the referral for a surgical consultation may be appropriate for injured workers who have red flags of serious nature, have a failure to respond to conservative management including work site modifications and have a clear clinical and special study evidence of a lesion that has been shown to benefit in both the long and short term from surgical intervention. The clinical documentation submitted for review failed to meet the above criteria. Given the above, the request for a consultation wrist/hand specialist is not medically necessary.

DME: ELBOW BANDIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28.

Decision rationale: The ACOEM Guidelines indicate that tennis elbow bands, are low cost, have few side effects, and they are recommended. There was a lack of documentation of a PR2 or DWC form RFA to support the necessity for an elbow band. Given the above, the request for DME elbow band is not medically necessary.