

Case Number:	CM13-0068218		
Date Assigned:	01/03/2014	Date of Injury:	08/11/2011
Decision Date:	05/30/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/19/2013

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 and 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 injured worker is a 40-year-old female who reported an injury on 08/11/2011. The mechanism of injury was not stated. Current diagnoses include left lateral epicondylitis, cervical herniated nucleus pulposus and cervical radiculopathy. The injured worker was evaluated on 11/08/2013. The injured worker reported 7/10 left lateral elbow pain. Physical examination revealed full range of motion of the bilateral wrists, 5/5 motor strength in the bilateral upper extremities, negative Spurling's maneuver, and intact sensation bilaterally. The treatment recommendations at that time included a referral for occupational therapy and extensor strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS FOR STRENGTHENING OF WRIST EXTENSORS: Upheld

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

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

Decision rationale: 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 allieviate discomfort. The treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. As per the documentation submitted, the injured worker demonstrated full range of motion of the bilateral wrists, 5/5 motor strength, and intact sensation. The medical necessity for skilled physical medicine treatment for the bilateral wrists has not been established. Therefore, the request is not medically necessary.