

Case Number:	CM13-0070151		
Date Assigned:	01/03/2014	Date of Injury:	06/01/2013
Decision Date:	04/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 patient is a 52-year-old female who reported an injury on 6/1/13. The mechanism of injury was not provided in the medical records. The patient was diagnosed with lateral epicondylitis. The patient's symptoms included pain over her upper back, right hand, both shoulders, both forearms, and elbows. The patient was noted to have moderate ulnar nerve entrapment and nocturnal numbness on rare occasions. The patient was noted to not have any grip loss. Cervical examination revealed 45 degrees flexion, 35 degrees extension, and 80 degrees rotation right and left. Physical examination of the lumbar spine was noted to have flexion of 85 degrees and extension 20 degrees. Examination of the right elbow was noted to have tenderness on the epicondyle groove and decreased sensation over the ring and little finger of the right hand. Past medical treatment included physical therapy for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE BILATERAL UPPER EXTREMITIES, NECK, AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints.

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

Decision rationale: According to the California MTUS guidelines, physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine in the conditions of myalgia and myositis at 9-10 visits, and neuralgia, neuritis, and radiculitis at 8-10 visits. The documentation submitted for review indicates that the patient was noted to have completed at least 12 physical therapy visits to date. As the patient has exceeded the recommended 10 visits, exceptional factors would be needed to warrant further physical therapy. Due to the lack of documented exceptional factors and objective functional gains made in previous physical therapy sessions, the request is not supported. Given the above, the request is non-certified.