

Case Number:	CM14-0005454		
Date Assigned:	02/05/2014	Date of Injury:	04/01/2013
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 patient is a 47 years old female with date of injury 4/1/2013. The most recent progress report dated 1/10/2014 of [REDACTED] notes "pain at medial elbow and numbness and tingling involving the ring and little finger particularly at nighttime. Her symptoms the patient failed to improve even though she has been off work." Objective findings include left medial epicondyle tenderness, elbow pain upon flexion, positive Tinel's at cubital tunnel, and decreased grip strength. An EMG of the left wrist dated 12/6/2013 indicated cubital tunnel syndrome. Diagnoses listed include following; left medial epicondylitis, and left cubital tunnel syndrome. The request for hand therapy was denied per a utilization review determination letter dated 12/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND THERAPY FOR LEFT HAND TWO (2) TIMES SIX (6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,

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

Decision rationale: The medical records provided for review do not include any therapy notes and the progress reports do not mention any prior, recent therapy for the extremity. The treater also does not specify treatment goals and no therapy history is mentioned. Reports show that the patient has tried injection(s) without much benefit and surgery is being currently considered. The MTUS Chronic Pain Guidelines recommends the following for physical medicine, "Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." Given no evidence of recent, prior therapy for the patient's symptoms, it may be reasonable to provide a short course, but the current request exceeds what is allowed by the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.