MAXIMUS Federal Services

Case Number:	CM14-0011029		
Date Assigned:	02/21/2014	Date of Injury:	03/26/2013
Decision Date:	06/25/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 record notes a 40-year-old female with a date of injury of March 26, 2013. The mechanism of injury reported is right wrist, elbow, shoulder, and arm pain attributed to repetitive computer work. The record indicates a diagnosis of lateral epicondylitis, medial epicondylitis, neck sprain/strain, sprain/strain of the upper arm, and thoracic sprain/strain. Conservative therapy provided to date has included six physical therapy sessions from May 9, 2013 to May 25, 2013. A forearm band and pharmacotherapy were noted. Additionally, the medical record indicates the claimant underwent a right elbow injection to the medial epicondyle tendon sheath in December 2013. A progress note dated December 26, 2013 is summarized noting persistent pain in the right upper arm and upper back, aggravated by working. Physical examination reveals tenderness to palpation in the right upper back, trapezius, and lateral epicondyle with decreased grip strength on the right compared to the left. The right elbow MRI is normal. Modified work and additional physical therapy are recommended. A previous review resulted in a recommendation for non-certification on January 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 SESSIONS OF PHYSICAL THERAPY FOR THE UPPER ARM AND RIGHT UPPER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 433-434, 437,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California and ACOEM guidelines support physical therapy for elbow diagnoses in select clinical settings, providing for a fading of treatment frequency in preparation for a transition to a home exercise program. The medical record indicates the claimant was previously provided six sessions of physical therapy. There is no documentation of objective evidence of functional improvement with the physical therapy provided. In the absence of objective documentation evidencing functional gains with physical therapy provided, there is no clinical indication for additional physical therapy. If there is an exacerbation of symptoms or change in the symptomatology to support the request, this has not been included in the record. Based on the clinical data available, this request is not medically necessary.