

Case Number:	CM14-0110063		
Date Assigned:	09/16/2014	Date of Injury:	09/21/2011
Decision Date:	10/20/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 and Rehabilitation, has a subspecialty Interventional Spine 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 51 years old female with an injury date on 09/21/2011. Based on the 06/16/2014 progress report provided by [REDACTED], the diagnoses are: Bilateral lateral epicondylitis status post a Right lateral epicondyle debridement; Right radial tunnel syndrome. Bilateral ulnocarpal impaction status post ulnar shortening osteotomy with delayed union on the left side; left cubital tunnel syndrome. According to this report, the patient complains of bilateral wrist and elbow pain with numbness and tingling in the left ulnar nerve distribution and left lateral elbow. Physical exam reveals tenderness at the right radial tunnel with pain with resisted wrist extension and middle finger extension. Tenderness is also noted at the left lateral epicondyle and over the cubital tunnel. Left Tinel and flexed elbow compression test are positive with paresthesias in the ulnar nerve distribution. The 06/16/2014 report indicates the patient's pain is a 6/10 with rest and a 9/10 at it worse. The patient is status post a right lateral epicondyle debridement and status post ulnar shortening osteotomy; dates of procedure were not provided in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 07/02/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/10/2014 to 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 hand therapy visits for the right elbow, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lateral epicondylitis Page(s): 25.

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

Decision rationale: According to the 06/16/2014 report by [REDACTED] this patient presents with bilateral wrist and elbow pain with numbness and tingling in the left ulnar nerve distribution and left lateral elbow. The treater is requesting 12 sessions of hand therapy for the right elbow. The treating physician's report and request for authorization containing the request is not included in the file. The utilization review denial letter states partial certification for 3 physical therapy sessions. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Viewing of the available records shows no therapy reports and there is no discussion regarding the patient's progress prior to the request. There is no discussion regarding the patient's progress on any of the reports and what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. Such as, 12 hand therapy visits for the right elbow, 2 times a week for 6 weeks is not medically necessary.