

Case Number:	CM14-0115806		
Date Assigned:	08/04/2014	Date of Injury:	02/19/2013
Decision Date:	09/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old female was reportedly injured on February 19, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 26, 2014, indicates that there are ongoing complaints of neck pain, back pain, and right hand pain. The physical examination demonstrated tenderness over the cervical paraspinal muscles and bilateral trapezius. There was decreased cervical spine range of motion. Examination of the right hand indicated sensitivity and the palm. Diagnostic nerve conduction studies indicated left greater than right carpal tunnel syndrome. Previous treatment includes acupuncture. A request had been made for physical therapy three times a week for four weeks for the right elbow which was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x a week x 4 weeks left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 433-434, 437.

Decision rationale: The most recent progress note dated June 26, 2014, does not indicate any complaints of elbow pain. Considering this, this request for physical therapy three times a week for four weeks for the left elbow is not medically necessary.