

Case Number:	CM14-0151455		
Date Assigned:	09/19/2014	Date of Injury:	09/01/2013
Decision Date:	10/22/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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 Family Medicine, 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:

38 year old female had a date of injury on 9/1/2013. Patient was cleaning, lifting and doing numerous repetitive motions with her right upper extremity when she started to feel pain on her right shoulder, elbow, wrist and hand. Treatment included physical therapy 45 sessions to date as well as shoulder arthroscopy for superior labral anterior posterior lesion repair on 6/24/14. Diagnosis includes Right lateral epicondylitis, right wrist tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right elbow/wrist/hand QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (preface)

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

Decision rationale: Based on Guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. According to the patients' medical records there is

no mention as to why patient is not actively doing self-home therapy and patient has had 45 physical therapy sessions. Based on this additional physical therapy is not medically necessary.