

Case Number:	CM14-0151919		
Date Assigned:	09/19/2014	Date of Injury:	05/16/2014
Decision Date:	10/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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 in 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 20 year old with an injury date on 5/16/14. Patient complains of right upper extremity pain rated 6/10 with medications and 8/10 without medications, with aching in right elbow/forearm, and tingling in the right hand per 8/20/14 report. Patient is currently attending physical therapy visits, which made her sore at first but is now starting to help per 8/20/14 report. Based on the 8/20/14 progress report provided by [REDACTED] the diagnoses are: 1. limb pain 2. Numbness 3. Epicondylitis. Exam on 8/20/14 showed sensation intact, but diminished in right pinky finger. Tenderness to palpation of right medial epicondyle. Tinel's/Phalen's positive bilaterally. Full range of motion of bilateral elbows per 7/9/14 report. Patient's treatment history includes medications (gabapentin, lyrica - which have tried and failed), Mobic (helps some, well tolerated), and discussed Tramadol but wary of sedation. [REDACTED] is requesting PT 1-2 x 4-6 weeks for right arm. The utilization review determination being challenged is dated 8/28/14. [REDACTED]. [REDACTED] is the requesting provider, and he provided treatment reports from 5/9/14 to 8/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 1-2 X 4-6 weeks for the right arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 590-600.

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

Decision rationale: This patient presents with right arm pain. The treater has asked for PT 1-2 x 4-6 weeks for right arm on 8/20/14. The MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has completed 6 sessions of physical therapy from 6/6/14 to 6/19/14 with benefit. The requested 4-12 sessions of additional physical therapy for right arm, however, exceeds MTUS guidelines for this type of condition. Patient should be able to transition into a home exercise program at this time. Recommendation is for denial.