

Case Number:	CM14-0031353		
Date Assigned:	04/09/2014	Date of Injury:	12/14/2011
Decision Date:	05/27/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/31/2014

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 & Rehabilitation 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 injured worker is a 54-year-old female who reported an injury on 12/14/2011. The mechanism of injury was not provided. Current diagnosis is joint pain in the hand. The injured worker was evaluated on 10/21/2013. The injured worker was status post lateral epicondyle debridement and radial tunnel release on an unknown date. Physical examination revealed a mild extensor lag of the third digit, as well as a well-healed incision with approximately 15 degree flexion contracture at the elbow. Treatment recommendations at that time included an additional 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 X 3 TO THE RIGHT WRIST/ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker has participated in a course of physical therapy. However, there was no documentation of the

previous course with evidence of objective functional improvement. Therefore, additional treatment cannot be determined as medically appropriate. As such, the request is not medically necessary.