

Case Number:	CM14-0033658		
Date Assigned:	06/20/2014	Date of Injury:	10/28/2013
Decision Date:	08/12/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/18/2014

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 Illinois. 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 an 18-year-old female who reported an injury on 10/28/2013, due to unknown mechanisms. The injured worker complained of occasional aches to elbow with no significant wrist pains. On physical examination dated 02/10/2014, there was tenderness to palpation on right elbow lateral epicondyle. The injured worker's diagnoses were wrist pain; lateral epicondylitis, right elbow; carpal tunnel syndrome; median nerve entrapment; partial thenar atrophy, rule out. The injured worker's past treatments were physical therapy, which as of clinical visit 02/10/2014, had been completed. The assessment of physical therapy dated 12/11/2013 documented the injured worker was making gradual progress in physical therapy that demonstrates increased range of motion, strength, and tolerance. Lifting continues to be limited. The treatment plan was for 6 sessions of physical therapy to the right wrist and elbow. The Request for Authorization form and rationale was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of physical therapy to right wrist and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per Medical Treatment Utilization Schedule (MTUS) Guidelines supports 9 to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documentation indicates that the injured worker had previous physical therapy to right elbow and right wrist. Details of prior physical therapy treatment included the injured worker was making gradual progress in therapy and demonstrated increased range of motion, strength, and tolerance. However, there was a lack of notations, including the number of visits completed and objective functional gains were not provided. Based on the lack of objective evidence of objective functional deficits in the right elbow and wrist, due to the lack of documentation notating the specific number of visits that were completed, the proposed request was not supported. As such, the request for Six Sessions of Physical Therapy to Right Wrist and Right Elbow are not medically necessary.