

Case Number:	CM14-0035065		
Date Assigned:	04/09/2014	Date of Injury:	05/09/2013
Decision Date:	05/28/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/03/2014

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 Internal 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:

The patient is a 50-year-old female with date of injury on 05/09/2013 with right lateral epicondylitis and right radial tunnel syndrome. Injury occurred doing her usual activities related to work. Exam and MRI are consistent with the findings of the treating provider. Surgery was discussed but conservative care was tried first. The claimant had oral etodolac (non-steroidal anti-inflammatory drug) and 12 sessions of physical therapy. The notes indicate slow improvement over the course of therapy and the claimant was felt to be permanent and stationary and back to work full time with restrictions of no lifting greater than 50 lbs. The last physical therapy report stated that there was minimal, if any, pain or limitation on her exam. The current request is for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT HAND, QUANTITY 12: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 58-60.

Decision rationale: Physical therapy(PT) is discussed in the MTUS Chronic Pain Medical Treatment Guidelines and recommends PT with re-evaluation after the first two weeks. If improvement is seen, further physical therapy should be employed with a total of 6-12 visits usually. In this case, this has been documented in the provided clinical notes. Furthermore, up to 12 physical therapy sessions is reasonable for this condition per ACOEM/MTUS guidelines. The request for physical therapy for the right hand, quantity 12 is medically necessary and appropriate.