

Case Number:	CM14-0038651		
Date Assigned:	06/27/2014	Date of Injury:	04/27/2004
Decision Date:	08/18/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Nevada. 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 62 year old female whose date of injury is 04/27/2004. The mechanism of injury is not described. Progress report dated 03/03/14 indicates that the injured worker is having some elbow pain and hand pain with occasional numbness and tingling. On physical examination there is tenderness over the right lateral epicondylar area. She has tenderness over the extensor muscle mass. She has decreased grip strength. The injured worker is wearing a brace. Impression notes bilateral shoulder bursitis, stable; bilateral elbow possible lateral epicondylitis; left elbow ulnar nerve entrapment, stable; bilateral hand carpal tunnel syndrome status post release on the left hand in 12/2010, and lumbar spine pain not related to employment. The injured worker was recommended for physical therapy for her right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, there is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The request is excessive as California Medical Treatment Utilization Schedule guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. Therefore, the request for twelve (12) Physical therapy sessions is not medically necessary and appropriate.