

Case Number:	CM14-0039185		
Date Assigned:	06/27/2014	Date of Injury:	01/22/2013
Decision Date:	08/12/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 31 year old with a work injury dated 1/22/13. The diagnoses include right elbow epicondylitis and right wrist DeQuervain's tenosynovitis, neuropraxia of the superficial radial nerve. The patient was previously authorized for 12 sessions of physical therapy. Under consideration is a request for occupational therapy or physical therapy, 3 times a week for 6 weeks for right elbow there is a primary treating physician (PR-2) document dated 5/7/14 which states that the patient has more pain in her elbow with activities. She has swelling and numbness in her elbow. On exam there was a positive Finkelstein's sign, there was tenderness in the first dorsal compartment. The overlying skin looks good without infection. The x-rays of the right elbow, wrist, forearm, elbow and humerus reveal no changes. The treatment plan includes physical therapy. The document states that the patient declined a right tennis elbow brace and right elbow release. The documentation states that a prior peer review was performed on August 15, 2013, at which time the recommendation was given to not grant the request for additional physical therapy/occupational therapy due to no prior benefit from prior therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy or physical therapy, 3 times a week for 6 weeks for right elbow:
Upheld

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

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

Decision rationale: Occupational therapy or physical therapy, 3 times a week for 6 weeks for right elbow is not medically necessary per the MTUS guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has already exceeded this amount of therapy for the elbow in the past without evidence of functional improvement. The request for continued occupational therapy or physical therapy therefore, 3 times a week for 6 weeks for right elbow is not medically necessary.