

Case Number:	CM14-0039691		
Date Assigned:	06/27/2014	Date of Injury:	04/13/2012
Decision Date:	07/28/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/04/2014

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 Interventional Spine 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 63-year-old male with a date of injury of 04/13/2012. The listed diagnoses per [REDACTED] are epicondylitis, shoulder pain and ganglion cyst, right wrist. According to progress report 03/18/2014, this patient presents with right lateral epicondylitis and radial tunnel syndrome. The patient is status post right lateral epicondyle debridement on 08/31/2012, and radial tunnel release (undated). The patient has previously been treated with physical therapy, NSAIDs, and topical analgesic lotions and continues with pain. The provider is requesting additional hand therapy twice a week for 3 weeks. Utilization review denied the request on 04/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional certified hand therapy twice weekly, right elbow QTY: 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow, Physical Therapy.

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

Decision rationale: This patient presents with right lateral epicondylitis and radial tunnel syndrome. The provider is requesting additional hand therapy twice a week for 3 weeks. On 01/30/2014, the patient complained of tenderness over the lateral epicondyle and pain with resisted wrist extension, middle finger extension, and forearm supination. On 01/16/2014, the patient reported persistent and worsening symptoms. Review of the available medical file does not show a recent history of therapy treatments. Utilization review denied the request stating record review does not specify the scope, nature and outcome of prior therapy. Given the patient's current, persistent pain and functional deficit, a short course of 6 sessions may be warranted. Therefore the request is medically necessary.