

Case Number:	CM14-0061378		
Date Assigned:	07/09/2014	Date of Injury:	11/12/2013
Decision Date:	08/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/02/2014

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 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 25-year-old male with a work injury dated 11/12/13. The diagnoses include right cubital tunnel syndrome, right radial tunnel syndrome and right lateral epicondylitis. Under consideration is a request for therapy (Eval, Re-eval, exercise) 12 additional visits. His past treatment has include activity/work modification, therapy, splinting. There is a primary treating physician (PR-2) document dated 4/3/14, which states that the patient is improving with OT. There is tenderness to palpation around the lateral epicondyle with decreased tenderness. The plan is 12 treatments of 2 x 6 weeks for the right elbow and wrist. The document states that the patient has increased function, decreased pain, increased range of motion, decreased medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy (Eval, Re-eval, exercise) 12 additional visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The request for therapy (Eval, Re-eval, exercise) 12 additional visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted reveals that the patient has already had multiple sessions of physical therapy for the right upper extremity. The documentation submitted is unclear on exactly how many therapy visits the patient has had already for this condition. The MTUS guidelines recommend up to 10 visits. The request for 12 additional visits would exceed guideline recommendations. The patient should be well versed in a home exercise program. Furthermore, without prior therapy documentation with objective documented findings of functional improvement and efficacy from prior sessions the request for more therapy cannot be recommended as certified. The request for therapy (Eval, Re-eval, exercise) 12 additional visits is not medically necessary.