

Case Number:	CM14-0090111		
Date Assigned:	09/19/2014	Date of Injury:	02/10/2014
Decision Date:	10/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 Occupational 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:

Patient is a 52 year-old male with date of injury 02/10/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/07/2014, lists subjective complaints as moderate, stabbing pain in the right elbow and wrist. Objective findings: Right elbow: there was no bruising, swelling, atrophy, or lesion present in the right elbow. Right wrist: there was no bruising, swelling, atrophy, or lesion present in the right wrist. The ranges of motion were decreased and painful. No sensory exams, motor exams or provocative maneuvers of the elbow or wrist were documented. Diagnosis: 1. Right elbow sprain/strain 2. Right carpal tunnel syndrome 3. Right wrist strain/ sprain. Patient has completed 12 sessions of physical therapy of the elbow to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT ELBOW 12 SESSIONS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ELBOW PROCEDURE SUMMARY

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

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement. Such as, PT Elbow 12 Sessions is medically necessary.