

Case Number:	CM14-0205911		
Date Assigned:	12/17/2014	Date of Injury:	09/28/2014
Decision Date:	02/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 53year old woman with a work-related injury dated 9/28/14 resulting in pain to the right elbow and wrist. The patient has diagnosis including lateral epicondylitis, and right radial tunnel syndrome. The patient was seen by the provider on 10/21/14. She complained of right lateral elbow pain due to repetitive activity. The exam showed point tenderness over the right lateral epicondyle with pain with resisted wrist and finger extension and forearm supination.. The plan of care included a cortisone injection, wrist splinting, a tennis elbow band, ice, anti-inflammatory medications and a home exercise program. The patient was re-evaluated on 12/12/14 with complaints that the pain was getting worse. She is noted to have completed PT X4 visits. There is no documentation that the PT sessions were helpful. Under consideration are physical therapy session 2x4 for the right elbow and wrist which were denied during utilization review dated 12/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 times 4 for the right elbow and wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

Decision rationale: Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The documentation doesn't support that the initial PT sessions improved pain or function. Furthermore the documentation doesn't state why the patient can't be managed by a home exercise program. The request is not medically necessary.