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| Case Number: | CM14-0208678 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 08/05/2014 |
| Decision Date: | 02/20/2015 | UR Denial Date: | 11/13/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

33y/o female injured worker with date of injury 8/5/14 with related bilateral hand pain. Per progress report dated 11/5/14, it was noted that the injured worker had bilateral medial epicondylitis. Per physical exam, there was full range of motion and tenderness about the medial epicondyles bilaterally. Treatment to date has included physical therapy and medication management. The date of UR decision was 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 2 for the bilateral upper extremities: 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: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Per the ODG guidelines: Medial epicondylitis/Golfers' elbow (ICD9

726.31):Medical treatment: 8 visits over 5 weeksThe documentation submitted for review indicates that the injured worker had completed 12 sessions of physical therapy directed to the elbows. There was no documentation of result of this treatment. As the request for 6 additional sessions is in excess of the guidelines, medical necessity cannot be affirmed.