

Case Number:	CM14-0217943		
Date Assigned:	01/07/2015	Date of Injury:	07/22/2011
Decision Date:	04/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male, who sustained an industrial injury on July 22, 2011. The diagnoses have included left lateral epicondylitis. Treatment to date has included physical therapy, anti-inflammatories and home exercise program. Currently, the injured worker complains of left lateral epicondylitis. In a progress note dated December 1, 2014, the treating provider reports on physical examination, decreased tenderness over the lateral epicondyle but continues to have pain with resisted wrist extension. On December 9, 2014 Utilization Review non-certified a hand therapy two times weekly, left elbow quantity 12, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy, 2 times weekly, left elbow QTY: 12.00: Upheld

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

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

Decision rationale: The patient presents with left lateral epicondylitis. There are no indications of recent surgery, so the MTUS Chronic Pain Medical Treatment Guidelines apply. The request is for HAND THERAPY, 2 TIMES WEEKLY, LEFT ELBOW QTY: 12. The RFA provided is dated 12/02/14. The patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states 8-10 sessions of therapy are indicated for various myalgias or neuralgias. Treater is requesting 12 additional sessions of physical therapy. Per medical record dated 12/09/14, prior treatments included 23 visits of physical therapy since 06/10/14 and ice therapy. Per the progress report dated 10/27/14, the patient is currently being treated for LEFT lateral epicondylitis. He has made significant but incomplete improvement with therapy. He reports decreased but residual pain in his left elbow. Treater does not explain further why on-going therapy is needed and why the patient is unable to transition into a home exercise program. The requested 12 additional sessions in addition to the 23 prior visits exceed the MTUS recommendations, therefore the request IS NOT medically necessary.