

Case Number:	CM15-0131308		
Date Assigned:	08/05/2015	Date of Injury:	09/09/2013
Decision Date:	09/01/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 27 year old female, who sustained an industrial injury on 9-9-2013. The mechanism of injury was repetitive and strenuous work. The injured worker was diagnosed as having cervical sprain/strain, bilateral wrist tenosynovitis and bilateral elbow-wrist-hand pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-20-2015, the injured worker complains of bilateral elbow, shoulder and wrist pain. Physical examination showed limited cervical and shoulder range of motion and paracervical and trapezius spasm. The treating physician is requesting 12 sessions of physical therapy for the bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appeal PT 3 x 4 bilateral elbows: 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 Physical medicine Page(s): 98-99.

Decision rationale: Appeal PT 3 x 4 bilateral elbows is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on why the patient is unable to perform an independent home exercise program. There is no evidence of functional improvement from prior PT. There are no deficits noted in the elbows that would necessitate 12 more supervised elbow PT sessions which exceed the recommended MTUS number of PT visits for this condition. The request for bilateral elbow PT is not medically necessary.