

Case Number:	CM15-0136389		
Date Assigned:	07/24/2015	Date of Injury:	09/10/2014
Decision Date:	08/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

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

The injured worker is a 48-year-old female who sustained an industrial injury on 09/10/14. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy to the right wrist. Diagnostic studies include a MRI of the cervical spine on 05/30/15. Current complaints include right wrist and elbow. Current diagnoses include carpal tunnel syndrome. In a progress note dated 06/10/15 the treating provider reports the plan of care as physical therapy to the right elbow, a 30-60 day rental of an interferential unit, and a urine drug screen. The requested treatments include additional physical therapy to the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 x 4 to right upper extremity (RUE): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in September 2014 and underwent a right carpal tunnel release in February 2015. When seen, she had completed physical therapy treatments for the wrist with great benefit. She was having right hand cramping and numbness. She was having mild elbow pain. X-rays were reviewed showing no increase in arthritis. No physical examination was documented. Physical therapy for the elbow was requested. Guidelines recommend up to 8-therapy treatment sessions over 5 weeks for the claimant's elbow condition. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.