

Case Number:	CM15-0141814		
Date Assigned:	07/31/2015	Date of Injury:	07/25/2013
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/21/2015

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 41 year old female who sustained an industrial injury on 07/25/2013 while attempting to catch a falling cutting board. The injured worker was diagnosed with left elbow sprain, left lateral epicondylitis, brachial neuritis and myalgia of the cervical spine. No surgical interventions were documented. Treatment to date has included diagnostic testing, conservative measures, physical therapy, steroid injections, Biofreeze and oral medications. According to the primary treating physician's progress report on June 26, 2015, the injured worker continues to experience cervical spine, left elbow and left wrist pain. The injured worker rates her pain level at 8-9 out of 10. Examination demonstrated swelling along the left wrist and lateral forearm. Left elbow range of motion was guarded at 150 degrees in extension. There was noted numbness on pinwheel evaluation at C5 and C6 into the left digits with tenderness to palpation. Medications listed were Norco, Tramadol and Flexeril. The injured worker is on temporary total disability (TTD). Treatment plan consists of acupuncture therapy, follow-up appointments, pain management, and the current request for physical therapy to the left wrist, elbow and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 sessions left elbow/wrist, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: Physical therapy x 6 sessions left elbow/wrist, cervical spine 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 how many prior elbow/wrist or cervical spine PT sessions the patient has had since her work injury in 2013. There is no documentation of functional improvement from her prior PT. Without clarification of this information, the request for additional physical therapy is not medically necessary.