

Case Number:	CM15-0181258		
Date Assigned:	09/22/2015	Date of Injury:	03/10/2010
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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: Pennsylvania, Ohio, 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 57 year old female who sustained an industrial injury on 03-10-2010. The injured worker was diagnosed with right De Quervain's syndrome, right lateral epicondylitis, myofasciitis and right shoulder internal derangement with rib strain. According to the treating physician's progress report on August 26, 2015, the injured worker reported bilateral elbow pain radiating into the lateral aspect of the arm and shoulder, right greater than left and bilateral shoulder pain. Examination demonstrated right ribs 2 through 6 have posterior displacement with moderate pain to palpation. There was full range of motion with guarding at end range. The right upper extension demonstrated moderate pain over the right lateral epicondyle and radial nerve point to the lateral arm with a positive Cozen's sign. Motor strength was 5 out of 5 yet guarded with wrist extension. Sensation was intact. Prior treatments included diagnostic testing, physical therapy and medications. Current medications were noted as Lidoderm patch, Sulindac and Pantoprazole. The injured worker is Permanent & Stationary (P&S). Treatment plan consists of continuing home exercise program with a foam roller, refill Lidoderm patch for 1-3 patches throughout the right arm, 12 hours on and 12 hours off, Flector patch twice daily for this current flare-up and the current request for an elbow-epicondyle immobilizer for nighttime use and physical therapy 1-2 times per week for 6 visits. On 09-04-2015 the Utilization Review determined the request for an elbow-epicondyle immobilizer and physical therapy 1-2 times per week for 6 visits was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elbow/epicondyle immobilizer #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online version, Elbow Chapter, Splinting (padding).

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Summary.

Decision rationale: ACOEM Revised does not recommend immobilization of the elbow for epicondylitis, particularly in a chronic injury such as this. The records do not provide an alternate rationale for the request. This request is not medically necessary.

Physical therapy 1-2x per week for a total of 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.