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| Case Number: | CM15-0209919 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 04/06/2015 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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: California, Hawaii
 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 54 year old male who sustained an industrial injury on 4-6-2015. A review of medical records indicates the injured worker is being treated for lateral epicondylitis, unspecified elbow. Medical record dated 10-2-2015 noted difficulty with activities of daily living due to pain, weakness, decreased range of motion, and functional use of hand. His left arm pain was increasing due to compensating for the right upper extremity. Physical examination noted STM, PROM. Treatment has included a home exercise program and physical therapy at least 10 sessions. Utilization review form noncertified outpatient additional hand therapy 2 x per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional hand therapy two (2) times per week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with right elbow pain. The current request is for Additional hand therapy two (2) times per week for six (6) weeks. The treating physician's report dated 09/15/2015 states, "He should continue with his OT twice weekly for the next six weeks to work on stretching, modalities and strengthening." Physical therapy reports from 08/26/2015 to 10/02/2015 show that the patient has received 11 visits to-date. The 10/02/2015 physical therapy report notes, "Patient reports no increase nor decrease in symptoms. He is anticipating surgery and is instructed to continue compliance with HEP." The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, the patient has recently received 11 physical therapy sessions with no reports of improvement. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality of life. Given the lack of functional improvement while utilizing physical therapy, additional sessions are not warranted. Furthermore, the requested 12 sessions exceed MTUS Guidelines. The current request is not medically necessary.