

Case Number:	CM15-0217369		
Date Assigned:	11/09/2015	Date of Injury:	08/19/2013
Decision Date:	12/29/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/04/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 was a 64 year old female, who sustained an industrial injury, August 19, 2013. The injured worker was undergoing treatment for right lateral epicondylitis and radial tunnel syndrome. According to progress note of September 29, 2015 the injured worker's chief complaint was pain with wrist extension, middle finger extension and forearm supination. The physical exam noted decreased tenderness. The injured worker had full passive and active range of motion. The pain continued with wrist extension, middle finger extension and forearm supination. The injured worker previously received the following treatments 3 sessions of physical therapy, oral anti-inflammatory medications, and home exercise program and cortisone injection. The RFA (request for authorization) dated September 29, 2015; the following treatments were requested additional right hand therapy for 9 sessions. The UR (utilization review board) denied certification on October 21, 2015; for right hand therapy for 9 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hand therapy 9 sessions: 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): Physical Medicine.

Decision rationale: The claimant has had a recent flare-up of symptoms relating to the right lateral epicondylitis and radial tunnel syndrome. The claimant was previously authorized for 15 physical therapy (PT) visits. An additional 9 PT sessions is now requested. Given the recent flare-ups, a limited number of PT visits (1-3) is reasonable. There appears to be no medical necessity for PT to the hand, given that the complaints are in the wrist and elbow. Therefore, the request for 9 additional PT visits is not medically necessary or appropriate.