

Case Number:	CM15-0041534		
Date Assigned:	03/11/2015	Date of Injury:	11/17/2013
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/04/2015

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: New Jersey, New York
 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 is a 52 year old female, who sustained an industrial injury on 11/17/13. She has reported left arm injury due to repetitive use of a vacuum cleaner. The diagnoses have included medial epicondylitis, lumbar degenerative disc disease (DDD), left lateral epicondylitis and bursitis of shoulder. Treatment to date has included 17 sessions of physical therapy, medications, diagnostics, currently, as per the physician progress note dated 1/29/15, the injured worker complains of pain in the left elbow with lateral epicondylitis and medial epicondylitis and no significant results with therapy or injections. Physical exam of the left arm revealed range of motion 0-140 degrees. The current medications were not noted and previous physical therapy sessions were not documented. Work status was to return to modified work on 1/29/15 with light duty. The Treatment Plan included physical therapy to the upper lumbar, left elbow and right shoulder 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

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

Decision rationale: The request is considered not medically necessary. The patient has received a full course of physical therapy and at this point, should be well educated in a home exercise program. The maximum number of sessions recommended is 10 for myalgias and neuralgias. The current request would exceed the limit. There was no documentation of functional improvement from the previous physical therapy sessions. Therefore, further therapy is not warranted and not medically necessary.