

Case Number:	CM15-0046195		
Date Assigned:	03/18/2015	Date of Injury:	10/03/2014
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/11/2015

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 53 year old female, who sustained an industrial injury on October 3, 2014. The injured worker reported cervical, right shoulder, right elbow and right forearm pain due to a fall. The injured worker was diagnosed as having right elbow strain/sprain, right elbow medial epicondylitis with suspected ulnar neuritis and wrist pain. Treatment and diagnostic studies to date have included X-ray, medication and modified work duties. A progress note dated February 3, 2015 the injured worker complains of right elbow pain with numbness and tingling in the hand. She reports using a soft brace with no significant help. Physical exam notes positive Tinel's sign. There is full range of motion (ROM) with tenderness. There is reference to a prior nerve conduction study. The plan includes cubital tunnel splint, physical therapy and possible corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy sessions, 2 times a week for 4 weeks for the Right Elbow: Upheld

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

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

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. Additionally, the records do not clarify goals/methods different from at least 12 visits of physical therapy which this patient previously attended for this injury. This request is not medically necessary.