

Case Number:	CM15-0047261		
Date Assigned:	03/19/2015	Date of Injury:	10/15/2012
Decision Date:	04/24/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/12/2015

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

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 49 year old male, who sustained an industrial injury on 10/15/2012. The current diagnoses are lesion of the ulnar nerve, lateral epicondylitis, and status post right lateral epicondylitis debridement and repair (10/2/2013). According to the progress report dated 2/23/2015, the injured worker complains of bilateral elbow pain. Per notes, he is having a flare up of his left elbow, he is having increased pain and swelling laterally and medially with numbness and tingling in his forearm. He notes the right elbow is doing well. Since surgery he has less pain and improved range of motion and strength. Treatment to date has included non-steroidal anti-inflammatories, icing, bracing, rest, and surgical intervention on the right. The plan of care includes 6 bilateral hand therapy visits; replace bilateral forearm bands, and 6 acupuncture sessions to the bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy x 6 visits bilateral: 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); Treatment in Workers Compensation, Online Edition, Chapter Elbow (Acute & Chronic), Physical Therapy, ODG physical therapy guidelines.

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

Decision rationale: Physical therapy in the form of passive therapy for the hands/arms is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed sufficient physical therapy of his hands, and there was no evidence to suggest continued supervision of physical therapy was needed as opposed to unsupervised home exercises, which the worker had been doing without report of difficulty. Therefore, home exercises with his hands may be continued, but the request for hand therapy x6 visits bilateral will be considered not medically necessary, based on the documentation provided for review.