

Case Number:	CM15-0049512		
Date Assigned:	03/23/2015	Date of Injury:	04/01/2014
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/16/2015

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: Utah, Arkansas

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(n) 55 year old male, who sustained an industrial injury on 4/1/14. He reported pain in the right forearm and elbow related to cumulative trauma. The injured worker was diagnosed as having right lateral epicondylitis and radial tunnel syndrome. Treatment to date has included hand therapy, x-rays and oral medications. As of the PR2 dated 12/1/14, the injured worker reports gradual improvement with therapy but continues to have tenderness over the lateral epicondyle and radial tunnel. The treating physician requested an additional certified hand therapy, 2 x weekly for 6 weeks to the right elbow and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Certified Hand Therapy, 2 times weekly for 6 weeks, Right Elbow/Wrist:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient has completed 12 sessions of physical therapy already, and there is lack of documentation for of functional improvement. The above request would exceed the current amount of sessions that is recommended. According to the clinical documentation provided and current MTUS guidelines; additional Physical therapy is NOT indicated as a medical necessity to the patient at this time.