

Case Number:	CM15-0051391		
Date Assigned:	03/24/2015	Date of Injury:	10/14/2014
Decision Date:	05/06/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 51-year-old male, who sustained an industrial injury on 10/14/2015. He reported pain while using a power screwdriver. The injured worker was diagnosed as having right elbow sprain and right elbow lateral epicondylitis with possible nerve entrapment. Recent right arm x ray was within normal limits. Treatment to date has included physical therapy and medication management. Currently, the injured worker complains of elbow pain, stiffness and weakness. In a progress note dated 2/4/2015, the treating physician is requesting 10 additional physical therapy sessions for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right upper extremity, twice weekly for five weeks: Upheld

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

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

Decision rationale: The most recent progress note dated February 4, 2015 indicates the injured employee has participated in at least nine visits of physical therapy for the right upper extremity. A previous note dated February 4, 2015 indicates that there has been improvement with previous physical therapy. There has also been prior instruction in home exercise. Considering the guideline recommendations, previous progress made, and current participation in home exercise, this request for additional physical therapy for the right upper extremity is not medically necessary.