MAXIMUS Federal Services

Case Number:	CM14-0142448		
Date Assigned:	09/10/2014	Date of Injury:	12/04/2012
Decision Date:	12/17/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 49 year-old female who sustained an industrial injury on 12/04/2012. The mechanism of injury occurred from a motor vehicle accident. Her diagnoses include cervical disc disease, medial and lateral epicondylitis of the bilateral elbows with ulnar irritation, and sprain/strain of the bilateral forearms with tendonitis. She continues to complain on neck pain, bilateral elbow pain with pain and numbness in both hands. On exam there was spasm of the paravertebral muscles of the cervical spine with pain with range of motion. There was point tenderness upon palpation of the medical and lateral epicondylar areas. Tine's sign was positive along the ulnar nerves at the elbows. Phalen signs were positive at the wrists and there was decreased sensation along both forearms 'ulnar and radial pathways. Treatment has consisted of medical therapy including narcotics, acupuncture, and physical therapy. The treating provider has requested physical therapy 2 times per week for 4 weeks 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 2 times per week for 4 weeks for the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 115Official Disability Guidelines (ODG), Treatment Index, 12 Edition (web), 2014, ODG Preface

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)Chapter 6, page 115

Decision rationale: Per the reviewed guidelines, continued physical therapy is indicated if there is documented objective evidence of derived functional benefits. Per the reviewed documentation, there is no documentation of symptomatic or functional improvement from previous therapy sessions. Medical necessity for the requested item has not been established. The requested item is not medically necessary.