

Case Number:	CM14-0162222		
Date Assigned:	10/07/2014	Date of Injury:	01/09/2014
Decision Date:	10/30/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 47 year old female who sustained a work injury on 1-9-14. Office visit on 7-25-14 notes the claimant reports her pain is 3.5/10 with medications and 6/10 without medications. On exam, the claimant has tenderness to palpation over the lateral epicondyle, medial epicondyle and olecranon process. Office visit on 8-1-14 notes the claimant reports her pain is 3.5/10 with medications and 6/10 without medications. On exam, the claimant has improved. The claimant is continued on medications. Office visit on 8-22-14 notes the claimant's pain is 3/10 with medications. Claimant is noted the claimant had a right wrist and elbow injection on 7-7-14 with temporary improvement. A splint was ordered for the right wrist. This claimant has been treated with medications, injection and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy sessions for right upper extremity: 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: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Medical Records reflect the claimant has been provided with physical therapy in the past with minimal or long term lasting improvement. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. Therefore, the medical necessity of this request is not established.