

Case Number:	CM15-0012026		
Date Assigned:	01/29/2015	Date of Injury:	04/28/2014
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old female who reported an injury on 04/28/2014 due to cumulative trauma. Past treatments included medications, physical therapy, and injections. Her relevant diagnoses include left elbow medial and lateral epicondylitis. On 09/03/2014, the injured worker presented for a followup after an MRI. The physical examination of the left elbow revealed minimal swelling over the medial and lateral aspects of the elbow, full range of motion with mild discomfort, point tenderness to palpation over the medial and lateral epicondyles, and pain with resisted wrist extension, as well as grip testing at 4+/5. The physical therapy note dated 10/08/2014 indicated the injured worker has had 22 visits to date. The physical examination indicated moderate to severe left elbow pain with radiating numbness and tingling. The physical therapy assessment revealed the injured worker presented with resolving left lateral epicondylitis, median and ulnar nerve symptoms, and the forearm, wrists, and hands seemed to be resolved. There were mild residual spasms palpated at the flexor and extensor aspects, and increased grip strength was noted. The patient problems were indicated to be pain, tightness, loss of motion, weakness, and loss of function. Pertinent medications were not indicated upon examination. The treatment plan included occupational therapy to left arm x12. A rationale was not provided. A Request for Authorization Form was submitted on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy to left arm x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: According to the California MTUS Guidelines, patients with neuralgia, neuritis, or radiculitis are allowed 8 to 10 physical therapy visits over 8 weeks. The injured worker was indicated to have 22 physical therapy visits as of 10/08/2014. There was also documentation of objective functional improvement in regards to resolved wrist and hand symptoms, and increase in grip and wrist strength. However, there was a lack of documentation to indicate the injured worker had initiated a home exercise program for continued functional improvement. There was a lack of documentation to indicate significant residual deficits to indicate medical necessity for additional physical therapy. In addition, the request as submitted exceeds the number of sessions recommended by the guidelines. As such, the request is not medically necessary.