

Case Number:	CM15-0072074		
Date Assigned:	04/22/2015	Date of Injury:	11/21/2013
Decision Date:	12/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/15/2015

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
Certification(s)/Specialty: Emergency Medicine

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 60 year old female, who sustained an industrial injury on 11-21-2013. The injured worker is undergoing treatment for: left elbow pain, left elbow sprain and strain, epicondylitis, left de Quervain's disease, left wrist pain, left wrist sprain and strain. On 2-5-15, she reported left elbow pain of 3 out of 10, and left wrist pain of 4 out of 10. On 3-9-15, she reported pain to the left elbow rated 3 out of 10, left wrist pain rated 2 out of 10. Objective findings revealed tenderness to the left elbow, positive Cozen's, decreased left wrist and elbow ranges of motion, tenderness in the left wrist and positive finkelstein's. The records are unclear regarding the efficacy of the previous physical therapy sessions. The treatment and diagnostic testing to date has included: extracorporeal shockwave therapy, cardio diagnostic testing (4-27-15), QME (5-20-15), electrodiagnostic studies (2-19-15), multiple completed physical therapy sessions. Current work status: off work. The request for authorization is for: physical therapy therapeutic exercises, paraffin bath, infrared, one time a week for four weeks. The UR dated 3-13-2015: non-certified the request for physical therapy therapeutic exercises, paraffin bath, infrared, one time a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy exercises, paraffin wax bath, infrared 1 time a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Elbow Procedure Summary; Forearm Wrist & Hand Procedure Summary- physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The requested Physical therapy exercises, paraffin wax bath, infrared 1 time a week for 4 weeks, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has pain to the left elbow rated 3 out of 10, left wrist pain rated 2 out of 10. Objective findings revealed tenderness to the left elbow, positive Cozen's, decreased left wrist and elbow ranges of motion, tenderness in the left wrist and positive finkelstein's. The records are unclear regarding the efficacy of the previous physical therapy sessions. The treatment and diagnostic testing to date has included: extracorporeal shockwave therapy, cardio diagnostic testing (4-27-15), QME (5-20-15), electrodiagnostic studies (2-19-15), multiple completed physical therapy sessions. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy exercises, paraffin wax bath, infrared 1 time a week for 4 weeks is not medically necessary.