

Case Number:	CM15-0099711		
Date Assigned:	06/02/2015	Date of Injury:	04/13/2015
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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: Florida, New York, Pennsylvania
Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 4/13/2015. She reported a cumulative injury. The injured worker was diagnosed as having right hand sprain/strain and right medical epicondylitis. Preliminary review of right elbow and wrist x rays was within normal limits. Treatment to date has included medication management. In a progress note dated 4/22/2015, the injured worker complains of right elbow pain and right hand pain, rated 9/10. Physical examination showed right elbow tenderness. The treating physician is requesting 6 physical therapy sessions for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy 3 times a week for 2 weeks to the right elbow (medial epicondyle) as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25, 31, 32.

Decision rationale: The members DOI was 4/3/15 and was associated with a cumulative injury affecting the hand and elbow. The Non-Cert was predicated on a finding of a lack of information that could support medical necessity for the use of PT for the elbow. However, a review of the treating providers note from 4/22/15 reported that the member was complaining of pain associated with the elbow. The examination of that date reported palpable tenderness of the medial but not the lateral epicondyle. Pain was reported as 9/10 and the mechanism of the cumulative injury was the members requirement for grasping and tearing open bags with a report of 100 accomplished per hour over an 8 hour work day at least 2 days a week. Taken together the reported objective findings and subjective complaints are compatible with a diagnosis of medial epicondylitis. The ACOEM Elbow Chapter because of smaller incidence versus Lateral epicondylitis recommends following the guidance for Lateral Epicondylitis. As such NSAID's, activity and workstation modification, as well as Physical Therapy (to include Ultrasound and Iontophoresis) are recommended. Specifically Physical Therapy modalities are recommended at 2-3 X per week X 5-6 weeks. Therefore, the request for Physical Therapy is medically necessary. The Non-Cert is NOT supported.