

Case Number:	CM13-0001351		
Date Assigned:	02/05/2014	Date of Injury:	05/28/2010
Decision Date:	08/29/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/12/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 27 year old employee with date of injury of 5/28/2010. Medical records indicate the patient is undergoing treatment for (per EMG) right cubital tunnel syndrome; s/p cubital tunnel release 6/26/2012; right wrist tendonitis; mild right ulnar neuropathy at the elbow; thoracic outlet and chronic migraine headaches. Subjective complaints include (a decrease) in headache severity with 4 migraines in a 2 week time frame lasting 5-6 hours with pain at a 6/10 down from 9/10; she has difficulty grasping and gripping and has pain after 3-5 minutes; writing is limited to 5-10 minutes; showering and shampooing is difficult as it increases arm and scapula pain; right shoulder, wrist, elbow and forearm pain have fluctuated but pain is daily and constant even with rest. All activities that use the upper extremities aggravates pain. She has numbness over the surgical incision in the third, fourth and fifth digits. Objective findings include decreased cervical range of motion (ROM); right medial epicondylitis; persistent numbness in right ulnar nerve distribution; reduced grip strength; tenderness in the occipitalis; temporalis and upper trapeizus. In the right shoulder, she has limited range of motion with impingement signs. She has thoracic outlet syndrome with myofascial tension in the anterior shoulder muscles that cross the distal brachial process. In the neck, the patient has reduced range of motion with myofascial tension and headaches associated with chronic pain and muscle spasm. There is weakness in the left external rotators of the shoulder but functional improvement has been noted. Treatment has consisted of PT, home exercise program, Botox, Lyrca, Imitrix, Flubiprofen 10% Cyclobenzaprine, Celebrex, Therma Care Wraps, trigger point injections and a TENS unit trial. A note, dated 7/31/2013 indicates that previous injections have been helpful and have reduced her migraines by 50%. A note, dated 4/15/2013 indicates that she is 2 weeks from a previous Botox injection. The utilization review determination was rendered on 7/3/2013 recommending

non-certification of ADDITIONAL SIX PHYSICAL THERAPY VISITS FOR RIGHT UPPER EXTREMITY.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL SIX PHYSICAL THERAPY VISITS FOR RIGHT UPPER EXTREMITY:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck; Back, Physical therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." The patient has previously had physical therapy for the right upper extremity and the patient is engaged in a home exercise program. The treating physician has not provided documentation of a new injury or a clear medical rationale as to why additional physical therapy visits are needed at this time. As such, the request for ADDITIONAL SIX PHYSICAL THERAPY VISITS FOR RIGHT UPPER EXTREMITY is not medically necessary.