

<b>Case Number:</b>	CM13-0002750		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/27/2012
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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:

The patient is a 54 YO female with date of injury 05/27/12. The listed diagnoses per [REDACTED] dated 08/27/13 are: 1. Upper extremity overuse syndrome and 2. Depressive symptoms. According to progress report dated 08/27/13 by [REDACTED], patient complains of bilateral upper extremity pain, bilateral wrist pain. Symptoms are worse at night and patient has been denied physical therapy. She rates her pain 7/10 based on the VAS Pain scale. Objective finding show moderate sprain of the dorsal and volar radioulnar ligaments. Longitudinal tear in the ulnar aspect of the extensor carpi ulnaris tendon in the longitudinal span measuring 3 cm. Full range of motion of bilateral shoulders. Positive for Tinel and Phalen sign bilaterally. The treater is requesting 12 physical therapy visits and orthopedic consultation with [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 visits of physical therapy:** Upheld

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

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

**Decision rationale:** This patient presents with chronic bilateral upper extremity pain. The treater is requesting 12 physical therapy visits to presumably address the patient's persistent pains. A review of 106 pages of records does not reveal evidence that this patient has had recent therapy. MTUS guidelines p 98, 99 for Physical Medical states 8-10 visits for Myalgia, myositis and neuralgia type symptoms. Although a course of therapy may be reasonable at this point given the lack of treatments in the recent past, the request for 12 sessions exceeds what is allowed per MTUS guidelines for these types of symptoms. Recommendation is for denial.

**Ortho consult with [REDACTED]:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), pg. 127

**Decision rationale:** This patient presents with chronic bilateral upper extremity pain. Treater is requesting orthopedic consultation with [REDACTED]. Medical records show that the patient has seen [REDACTED] in the past on 11/04/13 for an evaluation of the left upper extremity. The treater would like the patient to follow-up with the orthopedist given persistent symptoms. ACOEM guidelines p. 127 states that health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain or course of care may benefit from additional expertise. In this case, the treating physician is concerned about the patient's bilateral upper extremities and ortho consult is reasonable. Recommendation is for authorization.