

Case Number:	CM13-0016465		
Date Assigned:	11/06/2013	Date of Injury:	06/16/2004
Decision Date:	01/29/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/26/2013

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 and is licensed to practice in California, Ohio, and Pennsylvania. 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 underlying date of injury in this case is 06/16/2004. The patient has reported ongoing pain in the wrist, fingers, neck, and right elbow. The patient was previously felt to be permanent and stationary in 2005. Primary treatment notes are handwritten and largely illegible. However, a detailed orthopedic reevaluation treatment note of 03/26/2013 is again detailed and notes ongoing symptoms of a cervical sprain, bilateral shoulder sprain, bilateral elbow medial and lateral epicondylitis, and bilateral forearm flexor/extensor tendinitis. At that time, the treating physician felt the patient had suffered a new continuous trauma injury due to work at a non-ergonomic workstation and increased repetitive typing and writing. The treating physician provided the patient with a wrist splint and strap as well as an analgesic cream and recommended continued home exercises. As of 05/14/2013, a primary treating physician's progress note is handwritten and appears to outline ongoing pain symptoms with the plan for additional physical therapy. Only limited details can be read from report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for six weeks for the cervical spine, shoulders, elbows, and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, recommends, "Allow for fading of treatment frequency plus active self-directed home Physical Medicine." The medical records provided for review indicates that the patient has had a worsening of symptoms due to changes in the patient's recent logistics at work. It is not clear what specific methods or goals would be proposed from additional supervised therapy at this time as opposed to a continued independent home rehabilitation program. The request for physical therapy once a week for six weeks for the cervical spine, shoulders, elbows, and wrist is not medically necessary and appropriate.