

Case Number:	CM13-0026820		
Date Assigned:	10/16/2013	Date of Injury:	01/14/2013
Decision Date:	05/05/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine & Rehabilitation and Pain Management 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 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:

The patient is a 55 year old female with an injury date on 01/14/13. Based on the 11/14/13 PR-2 provided by [REDACTED], [REDACTED], the patient's diagnosis include wrist and elbow tenosynovitis, and shoulder joint pain. The patient experiences "shoulder pain, radiating arm pain, arm/hand tingling and numbness and muscle weakness." The UR dated 09/11/13 states that "treatments to date include acupuncture, work hardening, cortisone injections, TENS unit use, bracing, pain medications, and PT." The request is for 12 therapy sessions for shoulders, elbows and wrists. The UR determination being challenged is dated 09/11/13 and recommends denial of the requested physical therapy. [REDACTED] is the requesting provider and he provided one treatment report from 11/14/13 as well as an MRI dated 11/04/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 12 SESSIONS, FOR THE BILATERAL SHOULDERS, ELBOWS AND WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG-TWC SHOULDER/ ELBOW/ FOREARM, WRIST & HAND (ACUTE& CHRONIC), PHYSICAL THERAPY

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

Decision rationale: This patient presents with wrist and elbow tenosynovitis, and shoulder joint pain. The request is for 12 physical therapy sessions for bilateral shoulders, elbows, and wrists. An MRI done on the right wrist and right forearm on 11/04/13 showed normal findings. According to the 11/14/13 progress report, the patient consistently feels the pain and "rates the severity of her main complaint as 5 on a scale of 1 to 10." The patient is currently employed as a flight attendant; however, is "unable to return to work at this time due to moderately severe pain limiting function." Prior therapy apparently helped to alleviate the symptoms and the treater states: "As per 8/27/13 PT note, the patient completed 23 OT (Occupational Therapy) sessions to date." No therapy reports were provided to verify exact number of treatments and the time-frame. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treater has asked for additional 12 sessions of therapy for the patient's upper extremity symptoms. The progress report references prior 23 sessions of therapy. It would appear that the patient has had adequate therapy for the kind of condition that the patient is suffering from. The treater does not document a new injury, aggravation, significant change in diagnosis or condition to warrant additional therapy. The request of 12 sessions also exceeds what is allowed per MTUS. Therefore, the request of physical therapy, 12 sessions, for the bilateral shoulders, elbows and wrists is not medically necessary and appropriate.