

Case Number:	CM13-0034419		
Date Assigned:	12/06/2013	Date of Injury:	03/01/2011
Decision Date:	02/04/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pain Management, has a subspecialty in Disability Evaluation, 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 claimant is a 58 year old female with a date of injury of 3/11/11. According to the patient, job duties were physically demanding; she developed symptoms in the back and both upper extremities, including her elbows, wrists, and hands. The patient's diagnoses include bilateral medial epicondylitis, bilateral thumb tenosynovitis, depression, and insomnia. On 3/16/12, the patient was seen in initial orthopedic evaluation by [REDACTED]. [REDACTED] noted that the patient had been employed as a physician assistant between July 1992 and 7/15/11, and, due to repetitive activities of bending and lifting heavy boxes, floor mats and other activities, her elbows became symptomatic. On physical examination, the patient had tenderness to palpation at the medial epicondyle at both elbows with fair range of motion, though with accompanying pain. The patient had a positive Finkelstein's maneuver bilaterally. Gripping both her hands produced pain at both elbows. [REDACTED] recommended treatments including Naproxen, physical therapy, and consideration of injections. According to the medical report on 9/16/13 by [REDACTED], [REDACTED], the patient complained of low back and bilateral wrists pain. An exam showed tenderness of the lumbar spine, tenderness to metacarpal-carpal joints, and positive Tinel's sign at the wrist. The patient was diagnosed with bilateral carpal tunnel syndrome, and lumbar degenerative disc disease. An MRI of the lumbar spine dated 5/3/13, interpreted by [REDACTED] documented mild to moderate discogenic disease from L5-S1, severe hypertrophic facet arthropathy, and L4-L5 associated with 1mm of anterolisthesis and mild central spinal stenosis. An electromyography/nerve conduction velocity study (EMG/NCV) on 1/7/13 showed abnormal examination. There is electrodiagnostic evidence of bilateral peripheral motor neuropathy involving the median nerves at the wrist consistent with carpal tunnel syndrome; and no electrodiagnostic evidence of cervical rad

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines..

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for Physical Medicine state that a diagnosis of myalgia and myositis (unspecified) allows for 9-10 physical therapy visits over eight weeks, while a diagnosis of neuralgia, neuritis, and radiculitis (unspecified) allows for 8-10 visits over four weeks. The Official Disability Guidelines state that a diagnosis of carpal tunnel syndrome allows for 1-3 physical therapy visits over 3-5 weeks, while a diagnosis of lumbar strain/sprain allows for 10 visits over eight weeks. Furthermore, the Chronic Pain Medical Treatment Guidelines allow for fading of treatment from up to three visits per week to one or less. This would be supplemented by active self-directed home exercises. The request for additional physical therapy is not supported at this time, as the patient has had an extended course of physical therapy sessions, totaling 20 authorized visits, and should be started on self-directed stretching and strengthening exercises. There is limited evidence of significant functional gains or decreased pain intensity as a result of prior therapy. Therefore, the request for physical therapy twice a week for four weeks is not medically necessary.