

Case Number:	CM13-0040837		
Date Assigned:	06/09/2014	Date of Injury:	10/23/2012
Decision Date:	08/08/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine, 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:

This is a 54-year-old female who sustained an industrial injury on 10/23/2012. She was diagnosed with synovitis/tenosynovitis, carpal tunnel syndrome, other disorders of the joint/shoulder region, lateral epicondylitis, and mild right cubital tunnel syndrome. A request for physical therapy for 8 sessions to the right shoulder/right elbow/right hand was noncertified upon utilization review on 10/18/13, with the reviewing physician noting that guidelines support 10 visits over 8 weeks for sprain of the shoulder/rotator cuff; 8 visits over 5 weeks for lateral epicondylitis/tennis elbow; 14 visits over 6 weeks for ulnar nerve entrapment/cubital tunnel syndrome; 9 visits over 8 weeks for synovitis and tenosynovitis; and 1-3 visits over 3-5 weeks for carpal tunnel syndrome. The documentation noted the patient has previously been authorized for 20 physical therapy sessions for the right elbow, 14 for the right wrist, and 14 for the right shoulder, and therefore additional physical therapy was not considered medically necessary. MRI of the right elbow dated 03/04/13 revealed a mild amount of fluid seen in the right elbow joint, but no osteochondral defect, trabecular fracture, or focal lesions present. There were no epicondylar abnormalities. The electrodiagnostic study and nerve conduction study performed on 05/15/13 revealed findings suggestive of chronic C7 nerve root irritation on both sides and entrapment neuropathy of the ulnar nerve across the right elbow with very mild slowing of nerve conduction velocity (cubital tunnel syndrome). There were several handwritten, mostly illegible, physical therapy progress notes provided. The most recent primary treating physician progress report (PR-2), dated 09/30/13, revealed the patient reported her therapy sessions are helping. She prefers therapy before injections. She reports constant 5-7/10 right shoulder pain, 6-7/10 right elbow pain with numbness and tingling, and constant pain on the left. She is not working. Physical examination revealed tenderness to the right acromioclavicular joint, right supraspinatus tendon, right impingement sign, painful range of motion, and right rotator cuff strength 5/5.

There was elbow tenderness to palpation at the right lateral epicondyle and decreased sensation to light touch at the radial aspects of the right hand. The treatment plan was for an additional 8 sessions of physical therapy to address ongoing stiffness and weakness. Medications include Anaprox 550mg #90, one tablet 2 times daily, and Prilosec 20mg #60, one tablet 2 times daily. She will consider injections after therapy. She is to continue wearing the wrist brace at night to decrease pain and increase comfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 8 sessions to the right shoulder/right elbow/right hand: Upheld

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

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

Decision rationale: The California MTUS recommends that the provider should allow for fading of treatment frequency plus active self-directed home physical medicine. The injury is chronic, and the patient was previously authorized for 20 physical therapy sessions for the right elbow, 14 for the right wrist, and 14 for the right shoulder. Guidelines support 10 visits over 8 weeks for sprained shoulder/rotator cuff, 8 visits over 5 weeks for lateral epicondylitis/tennis elbow, 14 visits over 6 weeks for ulnar nerve entrapment/cubital tunnel syndrome, 9 visits over 8 weeks for synovitis and tenosynovitis, and 1-3 visits over 3-5 weeks for carpal tunnel syndrome. The patient has already exceeded the recommended number of sessions considered to be appropriate for her diagnoses. There is no documentation of what functional improvement was achieved with the previous sessions; nor is there an indication of why the patient needs to return to supervised physical therapy rather than continuing with a fully independent home exercise program. Patients are instructed in and expected to perform an independent home exercise program upon completion of physical therapy. Furthermore, documentation does not describe other conservative treatment rendered such as tried/failed pharmacological agents. Additionally, the frequency of treatment sessions is not identified in the request. The requested additional physical therapy for 8 sessions to the right shoulder/right elbow/right hand is therefore not medically necessary or appropriate.