

Case Number:	CM13-0049774		
Date Assigned:	12/27/2013	Date of Injury:	02/04/2013
Decision Date:	02/12/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/23/2013

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, 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:

This 53 year-old female sustained a repetitive motion injury on 2/4/13 while employed by the [REDACTED]. Request under consideration include Physical Therapy, twelve sessions (3x4). Report of 10/8/13 from [REDACTED] noted the patient complained of pain in the neck, right shoulder, right elbow and both wrists. Exam of the right shoulder showed tenderness in the subacromial space around the anterior and posterior capsule and crepitation present with motion. Shoulder flexion is to 150 degrees, ext to 43 and abduction to 154 degrees. Impingement is positive. There is tenderness about the lateral epicondyle of the right elbow with ranges from 0-135 degrees; Tinel's test positive on right wrist; Phalen's and Finkelstein's positive bilaterally. Diagnoses included cervical strain/sprain; right shoulder impingement syndrome; right elbow sprain with epicondylitis and bilateral Carpal tunnel syndrome. Medications listed include Norco and Prilosec. Previous conservative treatment has included acupuncture in February 2013 and at 12 certified physical therapy visits in April 2013. Request for PT was non-certified on 10/16/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Twelve Sessions (3x4): Upheld

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

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

Decision rationale: This 53 year-old female sustained a repetitive motion injury on 2/4/13 while employed by the [REDACTED]. Report of 10/8/13 from [REDACTED] noted the patient complained of pain in the neck, right shoulder, right elbow and both wrists. Diagnoses included cervical strain/sprain; right shoulder impingement syndrome; right elbow sprain with epicondylitis and bilateral Carpal tunnel syndrome. Medications listed include Norco and Prilosec. Previous conservative treatment has included acupuncture in February 2013 and at 12 certified physical therapy visits in April 2013. Submitted reports have not demonstrated specific limitations in activities in daily living (ADLs) and what objective measurable improvements are set from the additional physical therapy requests. There is no acute flare-up reported and he continues with persistent pain symptoms with unchanged medication profile. At this stage, the patient should have the knowledge and instruction to transition to an independent home exercise program. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints without any clear deficient clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received enough therapy sessions recommended for this repetitive injury of February 2013 injury. The Physical Therapy, twelve sessions (3x4) is not medically necessary and appropriate.