

Case Number:	CM13-0053413		
Date Assigned:	12/30/2013	Date of Injury:	05/03/2012
Decision Date:	03/18/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 43 year old female who reported an injury on 05/03/2012. The mechanism of injury was noted to be a cumulative trauma. The physical examination revealed the patient had a positive Phalen's and Tinel's sign in both wrists as well as tenderness to palpation over the TFCC. Inspections of the bilateral elbows revealed the patient had tenderness to palpation over the lateral epicondyle. In the bilateral hands, the patient was noted to have tenderness to palpation over the conservative medical care. The Finkelstein's test was noted to be positive. The patient's diagnoses were noted to include bicipital tenosynovitis, lateral epicondylitis, wrist pain, shoulder pain, and carpal tunnel syndrome. The patient was noted to have neck pain with radiation into the trapezius. It was indicated the patient had 10 to 12 sessions of physical therapy in the past that was performed consistently. The request was made for physical therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the patient had 10 to 12 sessions of physical therapy previously. There was a lack of documentation indicating the patient's objective functional benefit and objective functional deficits that remained. The request as submitted failed to indicate the body part the additional physical therapy was for. Given the above, the request for 12 additional sessions of physical therapy is not medically necessary