

Case Number:	CM13-0058585		
Date Assigned:	01/22/2014	Date of Injury:	02/20/2013
Decision Date:	09/29/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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, 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 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 45 year old patient sustained an industrial injury on 2/20/2013, to the right upper extremity. Treatment to date has included at least 13 PT sessions, rest, work restrictions, DME, medications, and acupuncture. The 7/18/2013 EMG/NCV study was normal. According to the 10/24/2013 work status report, she is diagnosed with right CTS, lateral epicondylitis, and tenosynovitis hand/wrist. She is recommended to continue therapy 2x3 weeks. Patient dispensed ibuprofen, quickfit, and polar frost. According to the most recent PR-2, dated 10/31/2013, she continues follow-up for tender right wrist and elbow epicondylitis. She starts acupuncture on 11/1/2013. Objectively, right wrist tender, neurovascularly ok, and the elbow is tender at the lateral epicondyle. She is returned to work without restrictions, except to take 10 mins stretch break every 60 mins from keyboarding.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT WRIST AND ELBOW (6 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-268.

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

Decision rationale: The CA MTUS guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks According to the records, the patient has completed at least 13 supervised physical therapy sessions to date. She has already received more than the number of PT sessions recommended for her diagnosed condition. In addition, examination on 10/31/2013 reveals only tenderness. There is no evidence of significant functional deficits as to warrant consideration for additional supervised therapy in excess of the amount recommended by the evidence based guidelines. The CA MTUS guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. At this juncture, transition to a fully independent home rehabilitation program is appropriate. Additional physical therapy is not medically necessary.