

Case Number:	CM14-0101627		
Date Assigned:	07/30/2014	Date of Injury:	01/11/2012
Decision Date:	10/10/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/01/2014

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 Interventional Spine 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:

The patient is a 66-year-old female with date of injury of 01/11/2012. The listed diagnoses from 03/19/2014 are: 1. Cervical and Thoracolumbar spine strain and spasms with overuse syndrome 2. Bilateral wrist flexor tendinitis and carpal tunnel syndrome 3. Status post left carpal tunnel syndrome with residual 4. Bilateral elbow lateral epicondylitis 5. Stress 6. Insomnia According to this report the patient complains of low back, left leg, bilateral shoulder, left arm/elbow, bilateral wrist and hand, and neck pain. The examination of the cervical and lumbar spine showed decreased range of motion with paraspinal spasms. Decreased range of motion in the bilateral wrists with positive Tinel's sign. Point tenderness noted over the epicondyles. Bilateral hand sensory deficit, otherwise grossly intact. The utilization review denied the request on 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 Sessions for Bilateral Shoulders, Bilateral Wrists, and Bilateral Hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Airaksinen, 2006; Colorado, 2002; Li, 2005

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

Decision rationale: This patient presents with low back, left leg, bilateral shoulder, left arm, elbow, bilateral wrist and hand, and neck pain. The treating physician is requesting 12 physical therapy sessions for the bilateral shoulders, bilateral wrist, and bilateral hands. The MTUS guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis and neuralgia type symptoms. The 03/13/2014 report notes that the patient received 12 physical therapy sessions in 2012. The patient also underwent left carpal tunnel surgery in 10/01/2013 and received 12 acupuncture therapy sessions and 24 chiropractic treatments. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. In this case, while a refresher course of physical therapy may be reasonable if the patient has not had therapy in a while and given the patient's persistent symptoms. The requested 12 sessions exceed MTUS guidelines; therefore, request for 12 Physical Therapy Sessions for Bilateral Shoulders, Bilateral Wrists, and Bilateral Hands is not medically necessary.