

Case Number:	CM14-0108723		
Date Assigned:	08/01/2014	Date of Injury:	01/02/2003
Decision Date:	09/30/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal 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:

Patient is an injured worker with the diagnoses of bilateral wrist tenosynovitis, status post arthroscopic surgery of right shoulder, status post right elbow arthroscopic surgery, and status post bilateral carpal tunnel release. Mechanism of injury was slip and fall. Date of injury was January 2, 2003. Primary treating physician's orthopedic reevaluation report dated June 25, 2014 documented subjective complaints of intermittent moderate low back pain with radiation to the hips and legs bilaterally, intermittent moderate pain in the hands bilaterally, and intermittent moderate pain in the right arm and elbow. Physical examination of the cervical spine exhibits tenderness to palpation about the paracervical and trapezial musculature, and positive cervical distraction test. There are muscle spasms noted. There is restricted range of motion. Examination of the right shoulder reveals tenderness to palpation about the anterolateral shoulder and supraspinatus. There is mild tenderness extending to the pectoralis. There is restricted range of motion due to complaints of discomfort and pain. There is rotator cuff weakness noted. Examination of the right elbow reveals mild tenderness noted at the lateral epicondyle. Examination of the bilateral wrists/hands reveals mild tenderness to palpation over 1st dorsal extensor compartment bilaterally. There is no crepitus. Impressions included chronic diffuse myofascial pain, history of arthroscopic residual right shoulder with residual pain, history of right elbow surgery for unknown diagnosis on the right, history of carpal tunnel release bilaterally. Diagnoses included history of fibromyalgia, status post arthroscopic surgery of right shoulder, status post right elbow arthroscopic surgery, status post bilateral carpal tunnel release, and bilateral wrist tenosynovitis. Treatment plan included a request for the patient to undergo a DeQuervain's release for the right wrist, physical therapy at a rate of twice a week for the next four weeks, and electromyogram and nerve conduction studies of the upper extremities. Utilization review determination date was 7/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 4 weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) provide Physical Therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. Medical records indicate that the patient last received physical therapy (PT) status post foot surgery 7/7/11. Primary treating physician's orthopedic reevaluation report dated June 25, 2014 documented a request for DeQuervain's release for the right wrist, physical therapy at a rate of twice a week for the next four weeks, and electromyogram and nerve conduction studies of the upper extremities. Medical records indicate that the patient currently has aggravation and progression of her wrist conditions, requiring additional evaluation and treatment. The patient's current wrist condition is serious enough to merit consideration for surgery. The patient has not recently received physical therapy for her wrist conditions. Therefore, the request for physical therapy for the patient's wrist conditions are supported by the medical records. Therefore, the request for Physical therapy 2 x week x 4 weeks is medically necessary.