

Case Number:	CM14-0016888		
Date Assigned:	04/11/2014	Date of Injury:	07/02/2009
Decision Date:	05/29/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 Family 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:

The patient is a 42 year old female claimant who sustained a work injury on 7/2/09 resulting in chronic forearm and wrist pain. She had a diagnosis of lateral epicondylitis. She also had a history of chronic pain syndrome and fibromyalgia. She had undergone several surgeries including a carpal tunnel release, right flexor carpi radialis tenosynovectomy and excision of the right scaphoid tubercle. She had undergone acupuncture therapy and up to 24 physical therapy visits in 2011 post operatively. An exam report on 1/29/14 notes the patient had decreased pain when resting and increased pain at work. She had been using a thumb splint. Her pain ranged from 3-10/10. She had tenderness diffusely throughout the right hand. She was recommended to have ultrasound treatments, 8 sessions of occupational therapy and Paraffin Heat. A recent request in February 2014 was made for additional 24 visits of therapy for the right elbow and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 8 WEEKS FOR THE RIGHT ELBOW AND RIGHT WRIST: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state regarding physical medicine, "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. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." According to the medical records provided for review, the claimant has had therapy beyond the amount recommended by the MTUS Chronic Pain Guidelines. As a result, the request for additional therapy is not medically necessary and appropriate.