

Case Number:	CM14-0135621		
Date Assigned:	08/29/2014	Date of Injury:	12/01/2012
Decision Date:	10/31/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/22/2014

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 & 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 38-year-old male with an injury date of 12/01/2012. According to the 07/03/2014 progress report, the patient complains of having pain in the right elbow, as well as pain and numbness in the right wrist. The patient rates his pain as a 3-10/10 in the right elbow. He also rates his right wrist pain as a 6/10. He is asymptomatic regarding his left elbow and left wrist. There is grade 3-4 tenderness to palpation which has increased from grade 3 on the last visit in regards to the bilateral elbows. In regards to bilateral wrists, there is grade 3-4 tenderness to palpation over the right wrist as well as grade 3 tenderness to palpation over the left wrist. Both Tinel's sign and Phalen's test are positive bilaterally. The patient's diagnoses include the following: bilateral elbow tendinitis, status post right carpal tunnel release dated 08/05/2013, with residuals and left carpal tunnel syndrome. The utilization review determination being challenged is dated 08/08/2014. Treatment reports were provided from 01/23/2014 - 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 4 SESSIONS BILATERAL ELBOWS/WRISTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines myalgia, myositis Page(s): 98-99.

Decision rationale: According to the 07/03/2014 progress report, the patient complains of having pain in his right elbow, as well pain and numbness in the right wrist. The request is for physical therapy 4 sessions' bilateral elbows and wrists. The 07/03/2014 report states, "The physical therapy helps to decrease his pain, tenderness, and spasm. He indicates that his endurance has increased with physical therapy. He also indicates that his function and activities of daily living have improved with physical therapy." There is no indication of how many total sessions of physical therapy the patient had or when the sessions took place. MTUS Guidelines pages 98, 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended over 4 weeks. The patient had a S/P right carpal tunnel release surgery on 08/05/2013. There is no discussion provided as to why the physician was requesting for an additional 4 sessions of physical therapy. It is unknown how many sessions of physical therapy the patient has had total prior to this request; therefore, the patient may have already exceeded the limit of sessions MTUS allows. Due to lack of documentation of the number of previous physical therapy sessions, recommendation is for denial.