

Case Number:	CM14-0166935		
Date Assigned:	10/14/2014	Date of Injury:	04/11/2013
Decision Date:	11/17/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/09/2014

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 Pain Management 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 48 year old female with a date of injury of 4/11/13. The listed diagnosis per [REDACTED] is overuse condition with chronic tendinitis involving the extensor and flexor in bilateral upper extremity. According to report 9/17/14, the patient presents with increase in her neck, shoulder and upper extremity pain. Examination of the shoulder/upper extremities revealed good range of motion. There is tenderness to palpation through the flexor and extensor forearm muscles bilaterally. The patient reports worsening of symptoms and is requesting to get back into physical therapy. The provider states he would like to request additional "6-8 sessions of physical therapy to see if we can get things to calm down." Utilization review denied the request on 9/25/14. Treatment reports from 3/20/14 through 9/17/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6-8 sessions for bilateral forearm: Upheld

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

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

Decision rationale: This patient presents with an increase in upper extremity pain. The provider is requesting additional "6-8 sessions of physical therapy to see if we can get things to calm down." For physical medicine, MTUS guidelines page 98, 99 recommends for myositis and myalgia type symptoms 9-10 sessions over 8 weeks. The treating physical states in the 9/17/14 report that the patient did not find prior PT to be helpful. There are physical therapy notes for 7 sessions from 6/15/13 through 6/27/13 which state that the patient is "progressing." Utilization review states that the patient also underwent additional 6 sessions in 2014. Progress reports for those sessions were not provided for review. In this case, the provider's request for additional 6-8 sessions exceeds what is recommended by MTUS. Furthermore, there is no discussion as to why the patient is not able to transition into a self-directed home exercise program. Recommendation is for denial.