

Case Number:	CM14-0178572		
Date Assigned:	10/31/2014	Date of Injury:	10/20/2009
Decision Date:	12/08/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/28/2014

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 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 injured worker is a 53-year-old female who reported an injury on 10/20/2009. The mechanism of injury was cumulative trauma. The diagnoses included carpal tunnel syndrome, lateral epicondylitis, tenosynovitis, de Quervain's disease, cervical radiculitis. Previous treatments included rest, medication, physical therapy, and injection therapy as well as chiropractic and myofascial release. The clinical note dated 10/15/2014 reported the injured worker complained of neck, right shoulder, girdle, and bilateral upper extremity pain. She reported the pain was constant. She rated her pain 10/10 in severity. Upon the physical examination, the provider indicated the injured worker's cervical range of motion was flexion to 3 fingerbreadths above the sternal angle, and extension was full. Cervical rotation bilaterally was full. There was tenderness over the lateral epicondyle, worse on the right than left. There was a positive Tinel's on the right wrist. The provider indicated severe myofascial trigger points in the cervical paraspinal muscles, trapezius muscles and levator scapulae bilaterally. The provider requested 6 sessions of physical therapy. However, the rationale was not submitted for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of physical therapy: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for fading of treatment frequency plus active self directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is as lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. There is lack of documentation including an adequate and complete physical exam demonstrating the injured worker to have decreased functional ability and decreased strength and flexibility. The request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.