

Case Number:	CM14-0179221		
Date Assigned:	11/03/2014	Date of Injury:	11/22/2010
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
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 and 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 60-year old with an injury date on 11/22/10. Patient complains of pain in bilateral wrists, bilateral elbows, and radiating up into bilateral shoulders rated 9/10 per 10/3/14 report. Patient has finished 2 courses of physical therapy and feels the improvement per 10/3/14 report. Based on the 10/3/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical sprain 2. Status/post right shoulder surgery 3. Bilateral shoulder sprain 4. Bilateral carpal tunnel syndrome right left 5. Bilateral lateral epicondylitis 6. Repetitive trauma to upper extremities 7. Anxiety/stress 8. Insomnia 9. Depression 10. Possible cubital tunnel syndrome 11. S/p left carpal tunnel release 12. S/p cubital tunnel release 13. S/p left elbow surgery 14. S/p left wrist surgery Exam on 10/3/14 showed range of motion of right shoulder has increased slightly. Bilateral elbows range of motion is lacking in flexion/extension. Bilateral wrist range of motion is very restricted in all tested planes. Patient's treatment history includes physical therapy, home exercise program, work restrictions. [REDACTED] is requesting physical therapy 2 x week x 4 weeks for the bilateral shoulders, elbow and wrists. The utilization review determination being challenged is dated 10/22/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/9/14 to 10/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 4Wks for the bilateral shoulders, elbows and wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 15, Postsurgical Treatment Guidelines.

Decision rationale: This patient presents with bilateral wrist pain, bilateral elbow pain, and bilateral shoulder pain and is s/p right carpal tunnel release from 7/9/14. The physician has asked for physical therapy 2 x weeks x 4 weeks for the bilateral shoulders, elbow and wrists on 10/3/14. Patient completed 12 sessions of physical therapy for the elbow/hand from 5/15/14 to 6/2/14, but the progress was not mentioned in reports. Patient has completed 4 of 9 authorized physical therapy visits for wrist/hand per 10/3/14 report, and "feels the improvement." Regarding carpal tunnel syndrome MTUS post-surgical treatment guidelines allow 3-8 visits over 3-5 weeks within 3 months of surgery. In this case, the patient has completed 16 recent physical therapy visits for the wrist/hand with minimal improvement. There is no documentation of an exacerbation, a new injury, or a change of location in pain, however, that would warrant additional physical therapy. The physician does not mention a rationale or goal for additional therapy sessions. Considering the patient has already completed 12 sessions of physical therapy, the requested 8 additional sessions exceed MTUS guidelines for this type of condition. Therefore, Physical Therapy 2x week x 4weeks for the bilateral shoulders, elbows and wrists is not medically necessary.