

Case Number:	CM14-0030141		
Date Assigned:	07/02/2014	Date of Injury:	04/24/2002
Decision Date:	11/03/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Occupational 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 claimant was injured on 04/24/02. Additional Physical Therapy for 12 Sessions is under review. She has a diagnosis of repetitive strain/cumulative trauma injury. She has had 25 PT visits from 2013 to the present and tried medication. She had temporary relief with manual therapy. On 11/05/13, she reported being very busy at work, had high levels of pain, and felt tense. She had pain in her neck, upper back, and elbows and forearms that were rated 7/10 before treatment and 3-4/10 after treatment. She had myofascial restrictions of the volar arms and cervical spine muscles. There was no significant change to date. She was advised to improve her home exercise program compliance and take frequent breaks at work. A PT report dated 11/11/13 indicated she attended 5 of 6 visits and missed 1. She remained symptomatic. Her pain ranged from 4-8/10. She had poor posture and decreased shoulder strength, which also limited her function. According to PT notes dated 11/14/13, her primary complaint was bilateral elbow pain and lateral epicondylitis. On 01/29/14, she complained of ongoing symptoms and had exquisite tenderness in the forearm and wrist region. Range of motion was guarded due to pain. Diagnoses were the same. 12 sessions of PT were recommended for range of motion and strengthening. On 02/26/14, she was evaluated. She was using creams. Her symptoms were stable including numbness in the first 3 digits of her right hand. She had tenderness over the lateral epicondyle and common extensor origin. There was also tenderness of the dorsum of the forearm. Tinel's was positive on the right and she had weak grip strength. She was also diagnosed with carpal tunnel syndrome. EMG nerve conduction study was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x 12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) -Carpal Tunnel Syndrome and Elbow

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 12 visits of PT for the claimant's ongoing symptoms involving her upper extremities. The claimant has attended PT for his injury and the results of the rehab are unknown but she remained symptomatic despite extensive visits. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." There is no evidence that the claimant continued and was compliant with a home exercise program. There is no clinical information that warrants the continuation of PT for an extended period. There is no evidence that the claimant remained unable to complete her rehab with an independent HEP and no indication that supervised exercises are likely to be more beneficial than independent exercise and self-management of symptoms. The medical necessity of the additional 12 visits of physical therapy has not been clearly demonstrated.