

Case Number:	CM14-0033474		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2002
Decision Date:	08/27/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 02/07/02 with injury to both elbows. He was seen by the requesting provider on 02/21/13. There had been some improvement with physical therapy. Diagnoses were bilateral medial and lateral epicondylitis and bilateral DeQuervain's tenosynovitis. He was provided with prescriptions for splints and therapy Kinesio tape. He was to complete his physical therapy treatments. On 03/21/13 there had been a definite improvement with therapy. Continued therapy was recommended two times per week for six weeks. On 12/19/13 the claimant had continued with self treatments but was having increased discomfort in the wrist and elbow with work activities. An MRI of the left wrist and authorization for additional physical therapy was requested. On 01/17/14 he had continued with self treatments. An MRI of the left wrist on 01/09/14 showed findings of a dorsal wrist cyst ganglion cyst and scaphoid bone marrow edema. On 02/20/14 there had been no improvement with continued self treatments. On 06/20/14 he had ongoing symptoms. Medications were prescribed. Physical examination findings appear unchanged. Physical therapy treatments are documented with nine sessions from 12/12/12 through 04/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines Treatment/ Disability Duration Guidelines- Manipulation- Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, p98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: Treatments have included a recent course of physical therapy including instruction in a home exercise program. There is no identified new injury or impairing event. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands, therapy putty, and self-applied modalities. Providing skilled physical therapy services again does not reflect a fading of treatment frequency and would promote dependence on therapy-provided treatments. The claimant has no other identified impairment that would preclude him from performing such a program.