

Case Number:	CM14-0067225		
Date Assigned:	07/14/2014	Date of Injury:	04/27/2012
Decision Date:	08/11/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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, 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 55 years old male with an injury date on 04/27/2012. Based on the 04/10/2014 progress report provided the diagnoses are: Right shoulder sprain, Lateral epicondylitis of right elbow, S/P right carpal tunnel release (07/02/2013), Bilateral hand sprain, Right mild cubital tunnel syndrome, and Left carpal tunnel release on (12/17/2013). According to this report, the patient complains of intermittent pain in the right shoulder that are throbbing, aching and dull. The patient rates the pain as a 3-4/10. The patient also complains of right elbow and bilateral wrist pain. The patient has been undergoing physical therapy with limited improvement. Range of motions of the right shoulder, right elbow and right wrist was limited. Tenderness was noted in the right upper extremities. Phalen's test is positive bilateral. There were no other significant findings noted on this report. The physician is requesting 12 sessions of physical therapy for the right elbow. The utilization review denied the request on 04/23/14. The physician is the requesting provider, and he provided treatment reports from 11/25/13 to 04/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for the right elbow, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 433-434 and 437.

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

Decision rationale: According to the 04/10/2014 report by [REDACTED] this patient presents with right shoulder, elbow, and wrist pain. The treater is requesting 12 sessions of physical therapy visits for the right elbow. The patient had right CTS in July 2013 and left CTS in December 2013. This patient is outside of post-surgical time-frame and for therapy treatments. For physical medicine, the MTUS guideline recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show that the patient completed 6 sessions of physical therapy for the left wrist from 01/06/2014 to 01/23/2014. There is no discussion regarding the patient's progress on any of the reports and what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. If the patient has had 6 sessions for the left wrist, requesting therapy for the right wrist would be reasonable. However, in this case, the requested 12 sessions exceeds what is recommended by MTUS guidelines. Recommendation is for denial.