

Case Number:	CM14-0068958		
Date Assigned:	07/14/2014	Date of Injury:	06/01/2005
Decision Date:	09/09/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/13/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old female with a 6/1/05 date of injury, status post right carpal tunnel release and right middle finger trigger release December 1999, status post right carpal tunnel release and right de Quervain's release 2/14/05, status post left third trigger finger release 6/2/05, and status post right lateral epicondylitis debridement and partial epicondylectomy 8/31/06. At the time (5/6/14) of the Decision for Physical therapy visits to the right upper extremity and neck qty: 12, there is documentation of subjective (continued pain in neck, arm, wrist, and hand) and objective (exquisite tenderness to palpation of right lateral epicondyle and tenderness to palpation over right radial wrist) findings, current diagnoses (lateral epicondylitis, de Quervain's tenosynovitis, chronic neck pain, and trigger finger), and treatment to date (physical therapy (28 sessions completed to date), wrist splints, cervical traction, and medications (including ongoing treatment with Motrin, Vicodin, and topical creams). There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits to the right upper extremity and neck qty: 12: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Physical therapy; Forearm, Wrist, & Hand, Physical therapy; Neck & Upper Back; Physical therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lateral epicondylitis not to exceed 8 visits over 5 weeks; Radial styloid tenosynovitis (de Quervain's) not to exceed 12 visits over 8 weeks; and cervicalgia not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lateral epicondylitis, de Quervain's tenosynovitis, chronic neck pain, and trigger finger. In addition, there is documentation of 28 physical therapy sessions completed to date, which exceeds guidelines. Furthermore, there is no documentation of statement of exceptional factors to justify going outside of guideline parameters. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy visits to the right upper extremity and neck qty: 12 is not medically necessary.