

Case Number:	CM14-0070428		
Date Assigned:	07/14/2014	Date of Injury:	05/04/2010
Decision Date:	08/21/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/15/2014

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 64 years old female with an injury date on 05/04/2010. Based on the 12/11/2013 progress report provided, the diagnoses are: 1. Impingement syndrome, bicipital tendonitis status post Hyalgan injection to the shoulder status post biceps tendon release and decompression. 2. The patient has element of sleep issues and stress. 3. The patient has weight loss. According to this report, the patient complains of left shoulder. Tenderness and weakness was noted at the anterior shoulder. On the 11/25/2013 A.M.E. report reveals left shoulder pain is episodic, centered over the lateral shoulder without radiation, and worsened by overhead work. Left shoulder pain is also worsened by sleeping on it, alleviated with rest and rated the pain at a 2-8/10. Right upper extremity pain is described as achy, centered over the ventral medial wrist without radiation, and rated the pain at a 5/10. There were no other significant findings noted on this report. Request is 12 sessions of physical therapy for the left and right wrist and left elbow. The utilization review denied the request on 05/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy Sessions for the Left and Right Wrist and Left Elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ACOEM Practice Guidelines

Chapter 11. Forearm, Wrist and Hand Complaints also used. Official Disability Guidelines (ODG): Preface; ODG: Chapter: Elbow; Carpal Tunnel Syndrome-Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 98,99 Physical Medicine. Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks Page(s): 98-99.

Decision rationale: According to the 12/11/2013 report, this patient presents with left shoulder pain. The treater is requesting 12 sessions of physical therapy for the left and right wrist and left elbow. The most recent progress report is dated 12/11/2013 and the utilization review letter in question is from 05/09/2014. The UR denial letter states partially certified with 6 Physical Therapy Sessions. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98 and 99 recommend 8-10 visits over 4 weeks. Review of the reports do not discuss recent or prior therapy treatments. In this case, if the patient did not have any recent therapy, a short course may be warranted but the requested 12 sessions exceed what is allowed by the MTUS guidelines. The treater also does not discuss the patient's treatment history, what has been successful and what has not. It is not known what additional therapy will accomplish at this juncture and why a home exercise would not be adequate. The request is medically unnecessary.