

Case Number:	CM14-0093371		
Date Assigned:	07/25/2014	Date of Injury:	11/18/2013
Decision Date:	08/28/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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:

According to records made available for this review, this patient is a 62-year-old female with the date of injury on 11/8/13. Request is for an additional 6 Physical Therapy (PT) sessions for the right wrist and elbow that was originally reviewed 6/11/14 based upon a request of 5/8/14. On 5/27/14, EMG/NCV upper extremities showed evidence of a right C6 radiculopathy. No evidence for peripheral neuropathy. Subjectively the pain was 9/10, worsened over the past week average of 7/10. Pain is constant and actually described as being increased in the right wrist and elbow, the patient was using Voltaren gel. Objective findings were tenderness of the lateral epicondyle right elbow, and swelling of the right wrist. Trigger points are palpable in brachioradialis. Strength was normal except for right wrist extension of 4+/5. Jamar was reduced on the right compared to left. There is decreased sensation to light touch in C6 dermatome. Patient was working regular duty. The initial Physical Medicine and Rehabilitation report of 1/14/14 only mentioned right wrist and hand pain, not elbow pain and pain is rated 7/10 with associated weakness and tingling in the hands. At that time wrist extension and flexion rated 5/5 strength and there was reduced grip strength on the right compared to the left. Sensory exam showed paresthesias digits 1, 2 and 3 on the right. Patient was also working regular work at that time. Therefore the condition had not improved subjectively or objectively in the interval. PT was ordered then, twice a week for 5 weeks, patient had had 6 sessions per a 3/20/14 provider note, additional PT was requested on 4/1/14 and at that point she had completed another 5 sessions. 6 additional sessions were requested then as well. The provided medical records also include 3 physician visits after this current request. Most recent visit note from 6/17/14 documented ongoing subjective complaints in the right wrist and forearm, 9/10 at the worst. There were no significant changes in objective findings from previous. Although the patient continued to work full duty there was no documentation in the medical records provided that

physical therapy has provided anything other than transient pain relief as there was no documentation of any specific objective functional benefit. The reports did not mention patient actively participating in a home exercise program. The reports continued to document difficulties with activities of daily living with use of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, wrist, hand, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1, 98-99.

Decision rationale: In the treatment of chronic pain, MTUS chronic pain treatment guidelines recommend limited passive therapy and emphasize active therapy with therapeutic exercise and modalities. Patients are instructed and expected to continue active therapies at home as an extension of treatment. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits a week to 1 or less plus active self-directed home exercise program. For neuralgia, neuritis and radiculitis 8-10 visits over 4 weeks are recommended. This patient's course of physical therapy has extended beyond 10 visits and 4 weeks and there has not been any documentation of any sustained functional benefit. MTUS guidelines defines functional improvement as either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, performed and documented as part of the evaluation and management visit. It is also a reduction in the dependency on continued medical treatment. This clinical presentation overall did not support that this patient was successfully transitioning to any independent rehabilitation program or that there have been any clinically significant improvement in activities of daily living. Based on the guidelines and a review of the evidence the additional PT 1 x 6 sessions is not medically necessary.