

Case Number:	CM14-0184524		
Date Assigned:	11/12/2014	Date of Injury:	08/06/1999
Decision Date:	02/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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 Rehab, 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 injured worker is a 63-year-old, right handed female who suffered a work injury secondary to cumulative trauma involving her right upper extremity and neck on 8/6/99. She has a 15 year history of chronic bilateral arm pain. According to the medical records the right upper extremity and neck are accepted future medical body parts. According to the records, the injured worker is status-post right carpal tunnel and right third trigger finger release 1999, right De Quervain's release with right carpal tunnel and right epicondyle steroid injection 2005, and right epicondylitis debridement and partial epicondylectomy in 2006. Utilization review records note 130 physical therapy visits to date. The 10/17/14 attending physician report indicates she is using an H-wave unit at home which helps with hand and arm function and pain control. Records also indicate the patient is utilizing a Saunders home cervical traction unit which helps with neck function and wears splints nightly. The current subjective complaints are constant bilateral thumb and right elbow pain. Her pain is helped by Duexis, Vicodin and topical analgesics. Exam findings indicate exquisite tenderness over the right lateral epicondyle and right wrist. The current diagnoses are: 1. Lateral epicondylitis 2. De Quervain tenosynovitis 3. Chronic neck pain 4. Trigger finger. The utilization review report dated 10/28/14 denied the request for Physical therapy Quantity: 12 because the request exceeded the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

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

Decision rationale: The injured worker complains of persistent bilateral thumb and elbow pain. The current request is for additional Physical therapy Quantity: 12. Records indicate the claimant has a 15 year history of chronic bilateral arm pain. Utilization review reports indicate the claimant has received over 129 physical therapy visits to date. MTUS does not indicate the number of visits outlined specifically for wrist hand and elbow pain. However, epicondylitis and tenosynovitis symptoms are similar to myalgia/myositis and neuritis/radiculitis for which MTUS guidelines allow 9-10 therapy visits. In this case, there is a request for 12 sessions; the utilization review indicates history of some 130 sessions. The records indicate the injured worker had three visits approved in May of 2014. The current request for 12 sessions exceeds what MTUS allows for this type of condition, and exceeds what is recommended by ODG for a trial of 6 sessions. In addition, the records provided do not provide an explanation to why the injured worker, who is using durable medical equipment (H-wave) at home and had 15 years to be transitioned into home exercise, still requires supervised physical medicine treatment. Therefore, this request is not medically necessary.