MAXIMUS Federal Services

Case Number:	CM14-0204928		
Date Assigned:	12/17/2014	Date of Injury:	01/13/2013
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine and is licensed to practice in New York. 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 47 year old female critical care nurse with a date of injury of 01/13/2013. She was taking care of a heavy paraplegic patient and noted right elbow pain with weakness and swelling of the right elbow, wrist and fingers. She had 30 visits of physical therapy. She stopped working in 08/2013. On 09/30/2014 she had neck pain radiating to her right upper extremity. On 10/21/2014 she had her first recent physical therapy visit at the Myofascial Therapy Center. On 10/28/2014 she had a normal right upper extremity EMG/NCS. On 11/17/2014 she completed the 5th visit of recent physical therapy at the Myofascial Therapy Center. On 12/04/2014 it was noted that she completed 6 visits of myofascial therapy and her headache and trapezius pain improved. She was still limited by her right elbow pain. She had diffuse tenderness at multiple tender points. She had tenderness of both extremities. She had diffuse myofascial pain syndrome. She also had right epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued myofascial therapy (right upper extremity, right elbow): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS, Chronic Pain has a series of maximum physical therapy visits for the patient's condition: 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. The patient has already received at least 36 visits of physical therapy and additional physical therapy exceeds the maximum number of visits allowed under MTUS guidelines. Also, per guidelines, by this point in time relative to the injury, she should have been transitioned to a home exercise program. There is no documentation that continued formal physical therapy is superior to a home exercise program at this point in time relative to the injury.