

Case Number:	CM14-0208864		
Date Assigned:	12/22/2014	Date of Injury:	10/18/2011
Decision Date:	02/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 65-year old female with date of injury 10/18/11. The treating physician report dated 11/25/14 (86) indicates that the patient presents with pain that is 6/10 down from 10/10 now that she has completed 8/8 sessions of occupational therapy. She feels the therapy helped to improve her ROM of the shoulder and neck and improved her ability to grab objects without dropping. The physical examination findings reveal tenderness to palpitation of both elbows, positive on lateral epicondyle and olecranon process. Bilateral wrists were positive for Tinel and Phalen signs. Prior treatment history includes left carpal tunnel release in 6/2013 followed by 12 session of hand physical therapy, and 8 sessions of occupational therapy (DOS 9/8/14-12/31/14) on her hands with improvement. The current diagnoses are: -Carpal tunnel syndrome-Lateral epicondylitis-Encounter for long-term use of other medicationsThe utilization review report dated 12/4/14 (3) denied the request for Physical Therapy 2 x 4 neck and bilateral upper extremities based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Treatment (updated 11/11/14)

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

Decision rationale: The treating physician report dated 11/25/14 (86) indicates that the patient presents with pain that is 6/10 down from 10/10 now that she has completed 8/8 sessions of occupational therapy. The current request is for physical therapy 2 x 4. The treating physician report states that the "patient made progress with therapy - improved pain and range of motion (ROM). Additional sessions to improve strength and endurance so that she can be transitioned to home exercise program (HEP) and avoid need for medication." MTUS guidelines indicate that Physical Therapy is recommended: 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. In this case, the patient has recently completed 8 hand therapy sessions, there is no weakness reported of the upper extremities and pain levels have improved. The treating physician makes the case that the patient has not been able to transition to a home exercise program and that 8 additional sessions will allow the transition to occur. The current request is medically necessary and the recommendation is for authorization.