

Case Number:	CM15-0003109		
Date Assigned:	01/14/2015	Date of Injury:	04/09/2013
Decision Date:	03/16/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/07/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female with an injury date of 04/09/13. Based on the 11/18/14 progress report provided by treating physician, the patient complains of pain to the right shoulder, elbow and wrist rated as 6/10 on analog pain scale. The patient is status-post right carpal tunnel release and right elbow lateral epicondylectomy 03/03/14. Physical examination to the right shoulder revealed positive impingement signs, but almost full range of motion. Examination to the right elbow/wrist revealed well healed scars, numbness and tingling to the right hand, positive Tinel sign and full range of motion. NCV on the right wrist 09/11/14 shows a couple of the median to ulnar comparisons have some very mild abnormalities which can be seen in carpal tunnel syndrome. Per treater's report dated 11/18/14, the patient is on modified work duty. Diagnosis - 11/18/14- Carpal tunnel syndrome- Cubital tunnel syndrome- Right lateral epicondylitis- Right rotator cuff- Right wrist strain The utilization review determination being challenged is dated 12/30/14. The rationale follows: "partial certification for 4 sessions of Physical Therapy for the right elbow... The requested Physical Therapy for the right wrist exceeds suggested guidelines" Treatment reports were provided from 05/20/14 to 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for the right wrist/elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome and Elbow, Physical Therapy

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

Decision rationale: The patient presents with pain to the right shoulder, elbow and wrist rated as 6/10 on analog pain scale. The request is for PHYSICAL THERAPY 3X4 FOR THE RIGHT WRIST / ELBOW. The request for authorization is not available. The patient is status-post right carpal tunnel release and right elbow lateral epicondylectomy 03/03/14. NCV on the right wrist 09/11/14 shows a couple of the median to ulnar comparisons have some very mild abnormalities which can be seen in carpal tunnel syndrome. Patient is on modified work duty. MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. Given the patient's symptoms, a short course of physical therapy would be indicated by guidelines. However, submitted documentation shows the patient has had 15 sessions of physical therapy. Treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.