MAXIMUS Federal Services

Case Number:	CM15-0003813		
Date Assigned:	01/14/2015	Date of Injury:	04/01/2008
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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 injured worker is a 68 year old female, who sustained industrial injuries to right knee, right elbow, right wrist and left shoulder from cumulative trauma after opening large warehouse doors with a pulley on 4/1/2008. She has reported continued neck and upper extremity symptoms especially right arm and more tingling and numbness in the right hand. The diagnoses have included cervical spine, sprain/strain with radiculopathy, right shoulder, right elbow sprain/strain, left shoulder sprain/strain post total shoulder replacement, sprain/strain right wrist, right carpal tunnel syndrome, and right knee sprain/strain. Treatment to date has included diagnostics, conservative treatments, surgery, medications and physical therapy. Currently, per primary treating physician's re-evaluation report dated 12/16/14, the Injured Worker complains of continued symptoms of neck, upper extremity especially right arm. She complains of increased numbness and tingling right hand. Physical exam revealed tenderness with palpation in the paracerviacl region on the right side with questionable Spurling sign only on the side. There was tenderness of the right shoulder and distally in this extremity that is maximal over the carpal tunnel. The Tinel and Phalen sign were positive. The Injured Worker is experiencing worsening symptoms in the neck and right upper extremity with complaints of increased numbness and tingling in the right hand. She has been performing a Home Exercise Program (HEP) , however, due to the abnormal clinical findings and increased pain additional treatment with physical therapy, medications were prescribed, re-evaluation of the cervical condition, follow up on 1/19/15 and a qualitative urine drug screen was administered on 12/16/14. She was currently precluded from forceful strength activities of the left arm and the right arm with addition of no

very fine manipulation. There was no previous physical therapy sessions noted. On 12/29/14 Utilization Review non-certified a request for 6 Physical therapy visits 2x week for 3 weeks to the neck and right arm, noting that there was no clear detail provided as to why physical therapy was requested at this point for the neck and right arm and what specific functional goals were to be achieved. There was also no clear detail as to how many physical therapy sessions had been completed to date for the right arm region since the work injury including functional outcomes and why the Injured Worker could not manage her condition with a Home Exercise Program (HEP). The MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy visits 2x3 to the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with continued neck and upper extremity symptoms especially in the right arm with more tingling and numbness in the right hand. The request is for 6 PHYSICAL THERAPY VISITS 2X3 TO THE RIGHT ELBOW. The RFA provided is dated 12/16/14. Physical examination on 12/16/14 revealed tenderness with palpation about the paracervical region on the right side with questionable Spurling sign only on the side. There was tenderness of the right shoulder and distally in this extremity that was maximal over the carpal tunnel. Tinel and Phalen signs are quite positive. Patient's diagnosis on 12/16/14 included cervical spine, sprain/strain with radiculopathy, right shoulder, right elbow sprain/strain, left shoulder sprain/strain post total shoulder replacement, sprain/strain right wrist, right carpal tunnel syndrome, and right knee sprain/strain. The patient is to return to permanently modified duty. MTUS pages 98, 99 have 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 over 4 weeks are recommended."Treater does not provide a detailed discussion regarding the need for additional physical therapy treatments or a reason as to why the patient is not able to manage her condition with home exercise program. There was only one progress report provided dated 12/16/14 which did not provide any information regarding previous physical therapy sessions and associated functional outcomes. Currently, insufficient information is available in order to assess the patient's qualification for this request. Therefore, the request IS NOT medically necessary.