

Case Number:	CM15-0017160		
Date Assigned:	02/05/2015	Date of Injury:	04/21/2003
Decision Date:	04/20/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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: Chiropractor, Oriental Medicine

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 37 year old female who sustained an industrial injury to her elbow, wrist and hand while employed as a telephone operator on April 21, 2003. There was no documentation of surgical interventions. The injured worker was diagnosed with right cubital and radial tunnel syndrome, DeQuervain's syndrome, epicondylitis right lateral elbow, cervical myofascitis and right C6 radiculopathy. According to the primary treating physician's progress report on January 16, 2015, the injured worker continues to experience periodic flare-ups with increased pain to her elbow, wrist and thumb and neck. The injured worker also complains of headaches with radiation to the right arm into the 4th and 5th digits. Most recent treatment modalities consist of 8 physiotherapy sessions on July 14, 2014, 6 sessions of occupational therapy/physical therapy on January 14, 2014, Thermoskin flexible thumb splint and medication. The treating physician requested authorization for 12 physiotherapy trial visits (6 visits for the elbow, 6 visits for the wrist/thumb). On January 22, 2015, the Utilization Review denied certification for 12 physiotherapy trial visits (6 visits for the elbow, 6 visits for the wrist/thumb). Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, the American College of Occupational and Environmental Medicine (ACOEM), the Official Disability Guidelines (ODG) and alternative guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physiotherapy trial visits (6 visits for the elbow, 6 visits for the wrist/thumb): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 173-174, 265, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic) / Neck and Upper Back (Acute and Chronic).

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

Decision rationale: Evidenced based guidelines for physical medicine allow for fading of treatment frequency plus active self-directed home medicine. Passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There is no documentation of a self directed home medicine program. In addition, the claimant has already exceeded the 24-visit maximum for physical therapy. There is also no documentation on a transition to an active home-directed treatment. The claimant's injury is chronic and she is past the recommended guidelines for physical therapy. A trial is being requested but the claimant has already had extensive physical therapy. Therefore, a physiotherapy trial of 12 sessions is not medically necessary.