

Case Number:	CM15-0137310		
Date Assigned:	07/27/2015	Date of Injury:	12/02/2010
Decision Date:	08/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/15/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 was a 53-year-old male, who sustained an industrial injury, December 2, 2010. The injury was sustained when the injured worker was pulling some chairs across a slanted road. The injured worker had cumulative trauma of the neck, hand, back and shoulders. The injured worker previously received the following treatments physical therapy, Tramadol, Trazodone, Celexa and Prilosec, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the right upper extremity which was a normal study, functional restoration program, acupuncture, shoulder injections, home exercise program, psychological services and physical therapy. The injured worker was diagnosed with chronic neck pain, chronic low back pain, chronic right shoulder pain, right shoulder pain, right shoulder tendinitis, left shoulder pain, left shoulder tendinitis, right medial epicondylitis, right cubital tunnel syndrome and cervicobrachial syndrome with medial scapular pain. According to progress note of February 24, 2015, the injured worker's chief complaint was chronic pain in the neck and scapular space. The injured worker was complaining of pain in the right shoulder and medial elbow. The pain was constant. The physical exam noted tenderness over the anterior aspect of the right shoulder. The forward flexion of the right shoulder was 170 degrees, abduction was 170 degrees with painful arc. There was positive abduction sign and impingement sing. The treatment plan included hand therapy for the right elbow and forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 2xwk x 4wks right elbow/forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hand therapy two times a week times four weeks, right elbow/forearm is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic multifactorial pain syndrome involving the neck and both upper extremities; right shoulder pain; right shoulder tendinitis; left shoulder pain; left shoulder tendinitis; right medial epicondylitis; right cubital tunnel syndrome with a normal nerve conduction study; and cervical brachial syndrome with medial scapular pain. The date of injury is December 2, 2010. The request for authorization is March 19, 2015. According to a March 27, 2015 progress note, the injured worker has chronic neck pain, right shoulder and elbow pain. The injured worker denies prior physical therapy involving the neck or right upper extremity. The treating provider has requested additional physical therapy of the right elbow and forearm. The treating provider refers to both the right upper extremity and the right elbow and forearm in the clinical discussion. The right upper extremity and the right elbow and forearm are two distinct anatomical regions. The documentation is nonspecific regarding the specific anatomical regions to be treated. The date of injury is December 2, 2010. The utilization review indicates the injured worker received prior physical therapy. The documentation is unclear as to the total number of physical therapy sessions the injured worker has received to date. There is no documentation demonstrating objective functional improvement prior physical therapy. Additionally, the request for authorization contains a request for hand therapy. There is no hand therapy request in the documentation. Additionally, the documentation contains a functional restoration program summary dated April 27, 2015. The documentation indicates the injured worker received physical therapy. However, it is unclear and difficult to ascertain the number of physical therapy sessions received during the functional restoration program. Based on the clinical information in the medical record, peer reviewed evidence-based guidelines, confusing documentation regarding the right upper extremity and anatomy in general, a request for hand therapy (in the request for authorization) with no clinical indication or rationale for hand therapy, an unspecified number of prior physical therapy sessions, documentation evidencing objective functional improvement with prior physical therapy and compelling clinical documentation indicating additional physical therapy (over the recommended guidelines) is clinically indicated, hand therapy two times a week times four weeks, right elbow/forearm is not medically necessary.