MAXIMUS Federal Services

Case Number:	CM15-0144523		
Date Assigned:	08/05/2015	Date of Injury:	12/09/2014
Decision Date:	09/02/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32-year-old female who sustained an industrial injury on 12-9-14 from cumulative trauma involving her neck, back, right elbow and feet. She currently complains of persistent neck pain; low back pain radiating to the left lower extremity with numbness and tingling and spasm; right elbow pain; bilateral hand pain with occasional paresthesias in the right and left hands. On physical exam of the cervical spine there was slight increase of pain with range of motion; shoulder exam was unremarkable; exam of the right elbow revealed tenderness of the lateral epicondyle on the right; Tine's test in the cubital tunnel was positive bilaterally, elbow flexion test was positive on the left; left thumb tenderness. She has difficulty with basic activities of daily living such as washing her hair, bathing, and dressing. She cannot do household chores. Medication was ibuprofen. Diagnoses included cervical disc protrusion C5-6; cervical spine myoligamentous sprain, strain; lumbar disc protrusion, L5-S1; lumbar spine myloligamentous sprain, strain; lateral epicondylitis, right elbow; right and left carpal tunnel syndrome; carpometacarpal and metacarpophalangeal synovitis left thumb; plantar fasciitis, right and left feet. Treatments to date include physical therapy; chiropractic treatments. Diagnostics include x-rays of the cervical spine (8-25-14) showing degenerative disc disease; electro diagnostic studies of the upper extremities (5-9-15) showed severe left and right median neuropathy at the wrist (carpal tunnel syndrome); electro diagnostic studies of the lower extremities (5-11-15) were negative; electro diagnostic studies (7-11-14) showed bilateral medial nerve compression at the carpal tunnel and bilateral compression of the ulnar nerve at the cubital tunnel; MRI of the right foot (5-12-15) showed diffuse marrow edema; MRI of the left foot (5-12-15) showed post traumatic marrow contusion; MRI of the lumbar spine (5-12-15)

showed disc protrusion; MRI of the cervical spine (5-12-15) showed disc bulge; MRI of the right elbow (5-12-15) showed lateral epicondylitis. In the progress note dated 6-9-15 the treating provider's plan of care includes a request for physical therapy three times per week for four weeks to the cervical, lumbar spine and right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in December 2014 and is being treated for neck, low back, right elbow, and bilateral hand and foot pain. When seen, there was decreased and slightly painful cervical range of motion. There was positive Phalen's and carpal compression testing. Tinel's at the elbow was positive bilaterally and there was a positive left elbow flexion test. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.