MAXIMUS Federal Services

Case Number:	CM15-0146600		
Date Assigned:	08/07/2015	Date of Injury:	02/14/2000
Decision Date:	09/03/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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 39 year old female, who sustained an industrial injury on 2-14-2000, due to repetitive activities. The injured worker was diagnosed as having carpal tunnel syndrome, status post right carpal tunnel release, and persistent right lateral epicondylitis of the elbow, status post release. Treatment to date has included diagnostics, right wrist and elbow surgery in 10-2014, post-operative physical therapy (at least 12 visits), and medications. Currently, the injured worker complains of intermittent pain in the left wrist and hand, rated 4 out of 10, and improving right wrist pain. Exam of the right elbow and wrist-hand showed some stiffness due to immobilization and well-healed incisions. The treatment plan included physical therapy for the right elbow and left wrist and hand. Medications were renewed, noted as beneficial for continued work and-or activities of daily living. Pain levels were consistent for several months and she continued to work full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy sessions for right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17. 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 has a remote history of a work injury occurring in February 2000 and underwent right upper extremity surgery in October 2014 for carpal tunnel syndrome and lateral epicondylitis. As of 03/30/15 she had returned to unrestricted work. The claimant was evaluated for physical therapy in January 2015. Through 05/18/15, seven treatments are documented. When seen, she was having intermittent right elbow pain was improving. She was having intermittent left wrist and hand pain which was unchanged. Physical examination findings included right elbow and wrist stiffness. An additional eight therapy treatment sessions was requested. In terms of therapy for lateral epicondylitis when managed surgically, guidelines recommend up to 12 treatment sessions over a 12 week period of time. The claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. The claimant is being treated under the chronic pain guidelines. In this case, the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of additional skilled physical therapy treatments would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The additional physical therapy was not medically necessary.