

Case Number:	CM15-0166351		
Date Assigned:	09/04/2015	Date of Injury:	05/20/2015
Decision Date:	10/07/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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: Emergency 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 36 year old female, who sustained an industrial injury on May 20, 2015, incurring right upper extremity injuries from repetitive work duties. She was diagnosed with lateral epicondylitis, right upper extremity flexor tendonitis and peripheral compressive neuropathy. Treatment included physical therapy and home exercise program, acupuncture, Electromyography studies, pain management and activity modifications. Currently, the injured worker complained of right hand pain and numbness radiating to the fingers and into the forearm and elbow radiating into the shoulder. The treatment plan that was requested for authorization included eight additional physical therapy visits to the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional physical therapy visits, two visits a week, four times a week, to right upper extremities (did not specify body parts): Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior 12 PT sessions was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. As per guidelines, maximum number of requested sessions is 10 PT sessions which have already been exceeded by prior PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 8 physical therapy sessions are not medically necessary.