

Case Number:	CM15-0168174		
Date Assigned:	09/08/2015	Date of Injury:	01/04/2013
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 42-year-old female, who sustained an industrial injury on 1-4-2013. The injured worker is undergoing treatment for right carpal tunnel syndrome, crush injury of the right hand, degenerative changes of the first carpometacarpal joint and tendinosis. Medical records (6-1-15 through 7-1-15) indicate she complains of radiating neck, shoulder and elbow pain with numbness and tingling in the wrists and hands. She has worked off and on but has not worked since 8-19-15. Physical exam notes decreased range of motion (ROM) of the right shoulder, arm and wrist. Treatment to date has included physical therapy, cortisone injections, H-wave therapy, release of right dorsal compartment and synovectomy (9-9-14), medication, "unremarkable" bone scan (5-12-15) and magnetic resonance imaging (MRI) revealing possible tenosynovitis. The original utilization review (8-12-2015) provides the request for physical therapy X12 right upper extremity is modified to 2 sessions noting more than 20 prior therapy sessions between 10- 2013 and 5-2015 with temporary benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 right upper extremity: Upheld

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

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

Decision rationale: Physical therapy x 12 right upper extremity is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 10 visits for myalgia/myositis, up to 10 visits for neuritis, and up to 24 visits for RSD (CRPS). The documentation indicates that the patient has had over 20 therapy sessions from 2013 to 2015; however, there is no evidence of functional improvement from prior sessions. The patient should be versed in a home exercise program. There are no extenuating factors that would necessitate 12 more supervised therapy sessions therefore this request is not medically necessary.