

Case Number:	CM15-0168197		
Date Assigned:	09/24/2015	Date of Injury:	10/13/2010
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
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: 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 53 year old female who sustained an industrial injury 10-13-10. A review of the medical records reveals the injured worker is undergoing treatment for depression, anxiety, and chronic bilateral upper extremity pain. Medical records (07-28-15) reveal the injured worker complains of upper extremity pain, rated at 3-8/10. The physical exam (07-28-15) reveals "mild" muscle atrophy to the bilateral upper extremities with pain at the bony prominences of the bilateral upper extremities. "Good" range of motion is noted of the elbows, wrists, and hands. Right shoulder range of motion is 50-60% and the left is 80% of normal. Prior treatment includes psychotherapy, medications, De Quervain's release, epidural steroid injection, physical therapy, acupuncture, right rotator cuff repair, bilateral cubital tunnel release, and redo of right carpal tunnel release. The original utilization review (08-21-15) non-certified the request for physical therapy to the upper extremities #16 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (upper extremities) qty: 16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 October 2010 and is being treated for chronic upper extremity pain. She had right carpal tunnel release surgery with revision and has had bilateral cubital tunnel releases and a right deQuervain's release. Right rotator cuff surgery was done in October 2014. When seen, there had been no improvement after a cervical epidural steroid injection and cervical spine surgery had been recommended. She was having bilateral upper extremity pain with numbness and tingling. Physical examination findings included a body mass index over 52. There was decreased shoulder range of motion bilateral. There was mild bilateral upper extremity atrophy. She has pain at the lower extremity bony prominences bilaterally. Being requested is 16 physical therapy treatment sessions. 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 needed or likely to be effective. The request is not considered medically necessary.