

Case Number:	CM15-0186350		
Date Assigned:	09/28/2015	Date of Injury:	02/16/2009
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old female whose date of injury was 2-16-09. Medical documentation indicated the injured worker was treated for status post bilateral dorsal first compartment release, bilateral de Quervain, status post bilateral carpal tunnel release, bilateral medial and lateral epicondylitis, bilateral ulnar neuritis and cervical spine sprain-strain. On 7-8-15 the injured worker reported chronic bilateral hand and wrist pain with paresthesias, bilateral elbow pain and chronic neck pain. She had continued pain in the neck and upper extremities. Her pain was rated 7-9 on a 10-point scale and decreased to 4-5 on a 10-point scale with medications. Objective findings included tenderness to palpation across the cervical trapezial ridge. Her cervical spine range of motion was decreased and painful and she was positive for spasm. She had a healed plantar incision of the right hand with some diminished grip strength. She had a healed scar on the right first compartment with bilateral healed scars. Her left hand and wrist had healed incision and she had tenderness to palpation of the palm. She had negative Tinel and Finkelstein. Her grip strength was 4-5. Bilateral elbows were tender to palpation medially and laterally and she had a positive Tinel along the ulnar distribution bilaterally. Her treatment plan included additional physical therapy for the cervical spine and the bilateral upper extremities. An initial physical therapy evaluation for the left hand was conducted on 2-4-15. She completed twelve physical therapy sessions for the left hand between 2-4-15 and 3-19-15. A physical therapy note on 3-19-15 following completion of twelve sessions indicated the injured worker's overall condition had improved as evidenced by greater ability to grasp and manipulate lightweight objects. She had continued difficulty with weight bearing and resisted activities. She reported a reduction in symptoms and improvement in function of more than 25% since initiating therapy. A request for authorization for physical therapy two times per week for six weeks for the bilateral upper

extremities was received on 8-6-15. On 8-25-15, the Utilization Review physician determined physical therapy two times per week for six weeks for the bilateral upper extremities was not medically necessary based on CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the bilateral upper extremities: Upheld

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

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

Decision rationale: The 45 year old patient complains of chronic bilateral hand and wrist pain and paresthesias, bilateral elbow pain, and chronic neck pain, rated at 7-9/10 without medications and 4-5/10 with medications, as per progress report dated 07/08/15. The request is for physical therapy 2 times a week for 6 weeks for the bilateral upper extremities. The RFA for this case is dated 08/06/15, and the patient's date of injury is 12/16/09. The patient is status post bilateral carpal tunnel release, status post left dorsal first compartment release, and status post right first dorsal compartment release, as progress report dated 07/08/15. Diagnoses also included bilateral De Quervain's syndrome, bilateral medial and lateral epicondylitis, bilateral ulnar neuritis, and chronic cervical sprain/strain. Medications included Norco, Anaprox, Valium and Synovacin. The patient is temporarily totally disabled, as per the same progress report. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient complains of chronic neck and upper extremity pain. The patient is also status post multiple surgeries, with the most recent one being the left first dorsal compartment release on 10/31/14, as per physical therapy report dated 02/04/15. A review of the reports also indicates that the patient completed 12 sessions of physical therapy for left hand and wrist between 02/04/15 and 03/19/15. Given the patient's date of injury, it is reasonable to assume that the patient has had physical therapy for bilateral upper extremities in the past. The request for "additional" physical therapy for the upper extremities is noted in multiple progress reports including 07/08/15, 04/14/15, and 05/26/15. The treater, however, does not document efficacy of prior therapy in terms of reduction in pain and improvement in function. It is not clear why the patient has not transitioned to a home exercise regimen. Additionally, MTUS allows for only 8-10 sessions of PT in non-operative cases. Hence, the request for 12 sessions appears excessive and is not medically necessary.