

Case Number:	CM15-0187368		
Date Assigned:	09/29/2015	Date of Injury:	05/07/2013
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/23/2015

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, Hawaii

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:

The injured worker is a 45 year old female, who sustained an industrial-work injury on 5-7-13. She reported initial complaints of neck, wrist, and elbow pain. The injured worker was diagnosed as having carpal tunnel syndrome, cervical sprain, neck sprain, and elbow tendinitis. Treatment to date has included medication, acupuncture, physical therapy (6 sessions), and wrist and elbow supports. Currently, the injured worker complains of neck pain. Per the primary physician's progress report (PR-2) on 8-28-15, exam notes cervical spine having limited range of motion, the shoulder also having restricted range of motion, Phalen's and Tinel's sign are positive, Elbow flexion is positive for ulnar nerve. Current plan of care includes additional therapy sessions. The Request for Authorization requested service to include 12 physical therapy sessions for the neck, bilateral elbows and wrists. The Utilization Review on 9-22-15 denied the request for 12 physical therapy sessions for the neck, bilateral elbows and wrists, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the neck, bilateral elbows and wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Elbow.

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

Decision rationale: The attending physician report from which the request was made, does not mention the current subjective complaints. However records would indicate the patient has persistent complaints of neck and hand pain. The current request for consideration is 12 physical therapy sessions for the neck, bilateral elbows and wrists. The attending physician in his 8/19/15 report, states the patient had 6 PT sessions and it seems to be helping to the point he would be recommending 12 more. The CA MTUS does recommend physical therapy at a decreasing frequency, and a transition into a fully independent home-based exercise program. CA MTUS guidelines also indicate that additional physical therapy may be indicated with documentation of objective functional improvement. CA MTUS recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the attending physician notes that the patient has completed six physical therapy sessions but provides no objective documentation of functional benefit. The current request for 12 additional physical therapy sessions exceeds the MTUS guideline recommendations. Furthermore, ODG recommends 8 sessions of physical therapy for carpal tunnel syndrome. As such, the medical records do not establish medical necessity for the current request. The request is not medically necessary.