

Case Number:	CM15-0192769		
Date Assigned:	10/06/2015	Date of Injury:	04/01/2013
Decision Date:	11/13/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/30/2015

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:

The injured worker is a 28 year old female, who sustained an industrial injury on 4-1-2013. The injured worker was being treated for chronic bilateral upper extremity repetitive stress syndrome; status post right lateral epicondylectomy with fascial stripping, first dorsal compartment release, flexor carpi radialis tendon sheath release, and radial tunnel release on 2-28-2014; bilateral de Quervain's; bilateral extensor tendonitis; bilateral lateral epicondylitis; and likely thoracic outlet syndrome. Medical records (9-11-2015) indicate ongoing pain of the bilateral upper extremities. The treating physician noted that the injured worker had done well with Terocin patches. The injured worker's pain was rated 9 out of 10. The physical exam (9-11-2015) revealed tenderness over the bilateral upper condyles and proximal extensor tendons, intact motor, positive Roos, and positive bilateral brachial plexus stretch. On 9-8-2015, an MRI of the left elbow revealed a small joint effusion and was otherwise normal. Treatment has included acupuncture, steroid injections, bilateral long wrist braces, and medications including topical pain, oral pain, antidepressant, anti-epilepsy, and non-steroidal anti-inflammatory. The medical records also refer to the injured worker having been previously treated with physical therapy, but the dates and results of treatment were not included in the provided medical records. On 9-11-2015, the requested treatments included 12 sessions of physical therapy. On 9-23-2015, the original utilization review non-certified a request for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for twelve sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Low Back- Lumbar & Thoracic (Acute & Chronic) updated 7/17/2015, Physical Therapy Guidelines.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic April 2013 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy for twelve sessions is not medically necessary and appropriate.