

Case Number:	CM15-0193930		
Date Assigned:	10/07/2015	Date of Injury:	01/23/2015
Decision Date:	11/23/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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 48-year-old female who sustained an industrial injury 01-23-15. A review of the medical records reveals the injured worker is undergoing treatment for rule out carpal tunnel syndrome and rule out thoracic outlet syndrome. Medical records (08-14-15) reveal the injured worker complains of difficulty reaching, holding, manipulating, and grasping objects. Her pain is not rated. Page 1 of the progress notes is missing in the submitted documentation. The physical exam (08-04-15) reveals pain over the right trapezius, no tenderness with palpation, and normal range of motion of the elbows, fingers, and wrists. Prior treatment includes modified duty. The original utilization review (09-04-15) non-certified the request for 12 additional sessions of physical therapy utilizing the Edgelow protocol for the bilateral upper extremities. There is not documentation that the injured worker has received any physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Sessions of Physical Therapy using Edgelow Protocol for the Bilateral Upper Extremities: Upheld

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

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

Decision rationale: The patient presents with difficulty reaching, holding, manipulating and grasping objects. The current request is for 12 additional sessions of physical therapy using Edgelow Protocol for the bilateral upper extremities. The treating physician states, in a report dated 08/14/15, "I also believe 12 sessions of physical therapy by Edgelow Protocol is indicated." (8B) MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. In this case, the treating physician, based on the records available for review, fails to indicate why the patient is not able to transition into a self-directed home exercise program. In addition, there is no report of new injury, new surgery or new diagnoses that substantiate the current request for additional sessions. The previous number of authorized PT is not documented, nonetheless the requested additional 12 sessions exceeds MTUS recommendation for 9 to 10 sessions. The current request is not medically necessary.