

Case Number:	CM15-0197815		
Date Assigned:	10/13/2015	Date of Injury:	09/16/2008
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 52 year old female, who sustained an industrial injury on 09-16-2008. She has reported subsequent shoulder, upper arm and wrist pain and was diagnosed with shoulder, upper arm and wrist sprain and strain. Treatment to date has included pain medication, acupuncture and 6 sessions of physical therapy, which were noted to provide some relief of pain. In a progress note dated 06-05-2015, the injured worker reported no change in her condition and reported that activities of daily living have been affected. The injured worker reported that someone had to come to assist her with completing activities of daily living. Objective examination findings revealed tenderness to palpation over the medial aspect of the left wrist and ulnar aspect of the right wrist. The physician requested physical therapy 2x3 visits. Documentation shows that 6 physical therapy sessions were performed with the last session received on 08-26-2015. Physical therapy notes document improved pain levels with therapy but the degree of pain relief was not documented and there was no significant objective functional improvement documented. In a progress note dated 08-31-2015, the injured worker was seen for a recheck. No current subjective complaints were documented. Objective findings revealed "no significantly objective, FROM of bilateral elbows an forearm, reduced tenderness to palpation over the medial aspect of the left wrist and ulnar aspect of the right wrist, FROM, motor sensory intact." The physician noted that the injured worker was advised to "schedule her physical therapy sessions for the above body parts, to improve functionality, core strengthening and for pain reduction." Work status was documented as modified but the injured worker was noted to be off work. A request for authorization of physical therapy 2-3 weeks, bilateral wrist and elbow

was submitted. As per the 09-15-2015 utilization review, the request for physical therapy 2-3 weeks, bilateral wrist and elbow was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 weeks, bilateral wrist/elbow: 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 MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing wrist pain; however, recent provider notes reported the worker had no pain or discomfort. There was no discussion describing the reason additional therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for six physical therapy sessions for both wrists and elbows is done twice weekly for three weeks not medically necessary.