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| Case Number: | CM15-0202996 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 11/24/2001 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old male, who sustained an industrial injury on 11-24-2001. The injured worker was diagnosed as having flare of median nerve entrapment pain in right forearm, status post decompressive surgery. Treatment to date has included right median nerve decompressive surgery (unspecified), unspecified physical therapy, and medications. Currently (9-30-2015), the injured worker complains of flare of pain over the last 3 weeks in radiation of pain down his arm in a C8-T1 distribution, with numbness and tingling into the fingers. He was currently working and status was permanent and stationary. Objective findings of the arm-elbow included "mild weakness" with wrist flexion and abductor pollicis brevis strength, moderate swelling and redness in the volar forearm with muscle spasm in the right shoulder girdle and forearm muscles, painful range of motion, and tenderness to palpation in the olecranon process, and medial epicondyle. "Numbness and tingling with decreased sensation down arm" was noted. Medication use included Terocin, Fenoprofen, and Prilosec. It was documented by the treating physician that he had not had any therapy "for almost 2 years". On 10-07-2015, Utilization Review modified the requested physical therapy x6 sessions to physical therapy x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy QTY 6.00: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy #6 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is peripheral nerve entrapment upper extremity. Date of injury is November 24, 2001. Request for authorization is September 30, 2015. The medical record contains 18 pages. According to the sole progress note dated September 30, 2015, subjective complaints include radiation of pain down the arm. The documentation does not indicate whether this is the right arm or the left arm. The injured worker sustained a brachial plexus injury and now has a flare up with pain. Objectively, there is weakness in the wrist flexors with swelling and redness. There are no physical therapy progress notes reflecting prior physical therapy. The injured worker however, did have prior physical therapy. There is no documentation reflecting the total number of physical therapy sessions previously received. There is no documentation of objective functional improvement associated with prior physical therapy. There are no compelling clinical facts to support additional physical therapy over and above the recommended guidelines. Documentation does not state whether the injured worker is engaged in a home exercise program. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation reflecting the total number of physical therapy sessions to date, no documentation demonstrating objective functional improvement from prior physical therapy and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy #6 sessions is not medically necessary.