

Case Number:	CM15-0204217		
Date Assigned:	10/21/2015	Date of Injury:	06/05/2013
Decision Date:	12/09/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/16/2015

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 47 year old female who sustained an industrial injury June 5, 2013. Past history included carpal tunnel entrapment neuropathy, neonatal epilepsy, on chronic anticonvulsant medication therapy, diabetes mellitus, and hypothyroidism. Past treatment included physical therapy and hand therapy December 2013-January 2014, Collum thumb brace, wrist thumb spica splint and tennis elbow strap, injection left shoulder, (6) sessions of acupuncture. Diagnoses are right and left ulnar nerve entrapment at elbow; DeQuervain's tenosynovitis; overuse disorder soft tissue; neck muscle strain; headache. According to the most recent primary treating physician's report dated August 6, 2015, the injured worker presented with complaints of pain in her neck, shoulders, arms, and hands, rated 5-10 out of 10. The pain is worse in the morning and after work (types all day) with some numbness and tingling in her upper back. Objective findings included; cervical range of motion normal and sensation intact; shoulder- tenderness bilateral rotator cuff and trapezius, sensation intact upper extremity; elbow- Tinel's positive bilaterally; wrist-tenderness over the joint left thumb, basilar joint left side and left first dorsal compartment, decreased strength with forced wrist extension 4 out of 5 bilaterally; Finkelstein's positive left side and Tinel's and Phalen's negative bilaterally. At issue, are the requests for physical therapy cervical-thoracic and occupational therapy bilateral elbows, hands, and wrists. Electrodiagnostic studies dated April 14, 2015, (report present in the medical record) impression; no evidence of carpal tunnel syndrome; ulnar entrapment neuropathy at the level of the elbow associated with demyelination only (conduction slowing) involving the sensory and motor divisions on the left; there is borderline ulnar slowing across the right elbow;

no evidence of cervical radiculopathy; no evidence of brachial plexopathy on the right and on the left. According to utilization review dated September 25, 2015, for Physical Therapy 3 x 6 (18 sessions) Cervical-Thoracic was modified to (9) sessions. The request for Occupational Therapy 2-3 x 6 bilateral elbows-hands-wrists 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 3 times a week for 6 weeks for cervical/thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck/upper back, Physical therapy.

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

Decision rationale: The patient presents with neck, shoulder, arms, hands and upper back pain. The current request is for Physical Therapy 3 times a week for 6 weeks for cervical/thoracic. The report making the request was not made available. However the 08/06/2015 (8B) report notes, "was referred to OT/PT has 6 sessions." Physical therapy reports were not made available for review. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, the patient has recently received 6 sessions of physical therapy with no documentation of functional improvement. Furthermore, the requested 18 sessions exceed MTUS recommended 10 visits. The current request is not medically necessary.

Occupational therapy 2-3 times a week for 6 weeks for bilateral elbows/hands/wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck/upper back, Physical therapy.

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

Decision rationale: The patient presents with neck, shoulder, arms, hands and upper back pain. The current request is for Occupational Therapy 2-3 times a week for 6 weeks for bilateral elbows. The report making the request was not made available. However the 08/06/2015 (8B) report notes, "was referred to OT/PT has 6 sessions." Occupational therapy reports were not made available for review. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, the patient has recently received 6 sessions of OT. There is no documentation of functional improvement while utilizing occupational therapy. In addition, the requested 18 sessions of OT would exceed MTUS Guidelines. The current request is not medically necessary.

