

Case Number:	CM15-0213231		
Date Assigned:	11/03/2015	Date of Injury:	02/19/2015
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/29/2015

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 57 year old female, who sustained an industrial injury on 2-19-15. Medical records indicate that the injured worker is undergoing treatment for cervical disc degeneration, regional myofascial pain, right lateral epicondylitis and bilateral de Quervain's tenosynovitis, right greater than the left. The injured worker is currently working with restrictions. On (9-28-15) the injured worker complained of constant neck, left upper extremity and right forearm and hand pain. The injured worker reported no improvement from the prior visit. The pain was rated 8 out of 10 on the visual analog scale. The pain was characterized as sharp, pins-and-needles like. The pain is worse with standing, working and driving more than a half hour. The pain is better with sitting down and physical therapy. Examination of the right elbow revealed localized tenderness over the lateral epicondyle which was worse with resisted wrist extension. Elbow motion was unrestricted. Flexion and extension of the digits of the hand caused no referred pain to the elbow. Sensation was decreased to light-touch in the bilateral thumbs, left worse than the right. A Phalen's test and Tinel's sign were negative bilaterally and a Finkelstein test was positive bilaterally. Subsequent progress reports (8-17-15 and 4-20-15) noted that the injured workers pain levels were consistent at 8 out of 10 on the visual analog scale. Treatment and evaluation to date has included medications, MRI of the cervical spine, wrist splint, transcutaneous electrical nerve stimulation unit, physical therapy (24) and acupuncture treatments. Current medications include Nabumetone and Flexeril. The Request for Authorization dated 9-28-15 is for additional physical therapy for the right wrist 2 times a week for 3 weeks #6 for the submitted diagnosis of de Quervain's tenosynovitis. The Utilization Review documentation dated 10-19-15 non-certified the request for additional physical therapy for the right wrist 2 times a week for 3 weeks #6 for the submitted diagnosis of de Quervain's tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional physical therapy for the right wrist, 2x/week for 3 weeks: 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: Based on the 9/28/15 progress report provided by the treating physician, this patient presents with unchanged, constant, sharp, and pins-and-needles-like neck pain, left upper extremity pain, and right forearm/hand pain rated 8/10 on VAS scale. The treater has asked for 6 additional Physical therapy for the right wrist, 2x/week for 3 weeks on 9/28/15. The patient's diagnoses per request for authorization dated 9/28/15 are cervical disc degen, myalgia and myositis nos, and radial styloid tenosynov. The patient states that her left upper extremity pain is worse than the right side per 9/28/15 report. The patient is s/p use of a TENS unit with unspecified benefit per 9/28/15 report. The patient's pain is worsened with walking, standing, working with her hand, and driving for more than 30 minutes, but is improved with sitting down and physical therapy per 9/28/15 report. The patient is s/p acupuncture with no change in her pain per 8/17/15 report. The patient is currently taking Nabumetone and Flexeril per 9/28/15 report. The patient is to return to work with restrictions as of 9/28/15 report. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient has completed 7 physical therapy sessions which were helpful according to 4/16/15 report. The utilization review letter dated 10/19/15 denies the request due to a lack of documentation of functional improvement from prior therapy. MTUS allows for 8-10 sessions in non-operative cases. In conjunction with the recent 7 sessions of physical therapy, the current request for an additional 6 sessions exceed guideline recommendations. Therefore, the request is not medically necessary.