

Case Number:	CM15-0035331		
Date Assigned:	03/03/2015	Date of Injury:	05/04/2010
Decision Date:	04/15/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/25/2015

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 42 year old female, who sustained an industrial injury on May 4, 2010. The diagnoses have included arthritis and rheumatoid arthritis. A progress note dated January 27, 2015 provided the injured worker complains of bilateral arm pain with weakness. She also has numbness in the right hand. Assessment provides bilateral carpal tunnel release, bilateral myofascial upper extremity pain and depression. On February 24, 2015 utilization review non-certified a request for physical therapy (thoracic outlet syndrome bilateral upper extremities). The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (thoracic outlet syndrome bilateral upper extremities): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The patient was injured on 05/04/10 and presents with pain in her upper extremities. The request is for PHYSICAL THERAPY (THORACIC OUTLET SYNDROME BILATERAL UPPER EXTREMITIES) 1 x 3. There is no RFA provided and the patient is to return to modified work if such is available with limited fine manipulation, forceful gripping, and no keyboard use. On 10/29/14, the patient underwent a left lateral Nirschl procedure (debridement of common extensor origin, decortication of lateral epicondyle, repair of common extensor origin, and revision carpal tunnel release). MTUS Guidelines page 15 regarding post-surgical carpal tunnel syndrome indicates recommends 3-8 visits over 3-5 weeks. The postsurgical treatment period is 3 months. MTUS postsurgical treatment guidelines for Lateral epicondylitis/Tennis elbow (ICD9 726.32) lists the general course of care as 12 visits over 12 weeks, with the Postsurgical physical medicine treatment period as: 6 months. MTUS 9792.24. 3. Postsurgical Treatment Guidelines, subsection (c) 3 states: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The available records show the patient attended 8 sessions of post-operative PT for a revision carpal tunnel surgery and lateral epicondyle Nirschl procedure. The request for 3 additional visits within the postsurgical treatment timeframe, for a total of 12 sessions appears to be in accordance with the general course of care for the lateral epicondylitis. The request IS medically necessary.