

Case Number:	CM15-0036182		
Date Assigned:	03/04/2015	Date of Injury:	11/03/2011
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 46 year old man sustained an industrial injury on 11/3/2011. The mechanism of injury was not detailed. Current diagnoses include left upper extremity neuropathy, left elbow cubital tunnel syndrome status post decompression, and left hand carpal tunnel syndrome, status post carpal tunnel release. Treatment has included oral medications, surgical intervention, and post-operative physical therapy. Physician notes dated 12/31/2014 show continued pain and spasm to his neck and pain and numbness across the left shoulder. Recommendations include treatment of the cervical spine and left shoulder, 12 sessions of physical therapy to the left elbow and wrist, and continue medication regimen. On 1/27/2015, Utilization Review evaluated a prescription for 12 additional sessions of physical therapy, that was submitted on 2/16/2015. The UR physician noted the worker has previously received 24 post-operative physical therapy sessions. Further, There is little documentation to support current deficits. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

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 4 weeks to the left wrist and elbow (RX date 12/31/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.