

Case Number:	CM15-0036541		
Date Assigned:	03/05/2015	Date of Injury:	06/15/2013
Decision Date:	04/16/2015	UR Denial Date:	02/24/2015
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: 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 66 year old female, who sustained an industrial injury on June 15, 2013. She has reported slipping and falling on a coat hanger, losing consciousness. The diagnoses have included status post blunt head injury with loss of consciousness and residual dizziness and blurry vision, left elbow fracture with residuals per history, left wrist tenosynovitis, atrophy of the left hand/arm due to disease, and depression. Treatment to date has included splinting, physical therapy, and medication. Currently, the injured worker complains of pain in the left elbow and forearm, with pain and numbness in the left wrist/hand. The Primary Treating Physician's report dated September 15, 2014, noted grade 2-3 tenderness to palpation of the left elbow and left forearm, and grade 2-4 tenderness to palpation of the left hand and left wrist. The injured worker reported that physical therapy helped to decrease her pain, tenderness, and spasm. On February 24, 2015, Utilization Review non-certified physical therapy 2x6 to the left elbow and wrist, noting the documentation presented was from approximately six months prior and did not reflect the injured worker's current status. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG) were cited. On February 26, 2015, the injured worker submitted an application for IMR for review of physical therapy 2x6 to the left elbow and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 to the left elbow and wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Based on the 9/15/14 progress report provided by the treating physician, this patient presents with pain in the left forearm/elbow rated 4-5/10 on VAS scale and numbness in the left wrist/hand. The treater has asked for PHYSICAL THERAPY 2X6 TO THE LEFT ELBOW AND WRIST on 9/15/14. The patient's diagnoses per Request for Authorization form dated 1/13/15 were left elbow fracture with residuals, closed fracture of upper end of forearm unspecified, other tenosynovitis of wrist. The patient has not had prior surgeries per review of reports. The patient was prescribed 2 topical medications: flurbiprofen 20%/tramadol 20%, as well as amitriptyline 10%/dextromethorphan 10%/gabapentin 10% per 9/15/14 report. The patient's physical therapy "helps to decrease her pain, tenderness, and spasm" but the number of sessions was not specified per 9/15/14 report. The patient's work status is temporary total disability for 4 weeks per 9/15/14. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient appears to have had recent physical therapy, which was effective per 9/15/14 report, but the number of sessions was not specified. The area of the body treated by the physical therapy was also not specified in the report. The treater has requested an additional 12 sessions. In combination with the prior unspecified sessions of physical therapy, the requested additional 12 sessions of physical therapy appear excessive and not in accordance with MTUS guidelines, which specify a maximum of 10 visits for complaints of this nature. The request IS NOT medically necessary.