

Case Number:	CM15-0043352		
Date Assigned:	03/25/2015	Date of Injury:	11/09/2008
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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: Family Practice

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 56 year old female, who sustained an industrial injury on November 9, 2008. The diagnoses have included right elbow ulnar nerve entrapment, right elbow epicondylitis, right wrist carpal tunnel syndrome. Treatment to date has included electro-myogram, nerve conduction study, and topical medications. Currently, the injured worker complains of right elbow and forearm pain. In a progress note dated February 19, 2015, the treating provider reports examination of the right elbow revealed intra articular pain consistent with scapholunate dissociation, decreased sensation to touch bilaterally at C6 dermatome and C7 dermatome, carpal tunnel syndrome, and de Quervain's tenosynovitis. The provider at that time is recommending physical therapy for the injured worker and evaluation with a hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (right upper extremities) 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG-TWC carpal tunnel syndrome procedure summary.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. These guidelines indicate that physical therapy is generally recommended; however, it is expected that there are a specific number of sessions provided for a given condition and that the patient receives instruction towards a self-directed home exercise program. These specific guidelines are as follows: 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 exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, there is documentation that indicates that this patient has already received 6 sessions of physical therapy. Under these conditions it would be expected, that the patient may receive an additional 4 sessions; per the above cited MTUS guidelines. In the Utilization Review process, the request was modified to allow for these 4 additional sessions. There is no rationale provided as to why the patient would need to exceed a total of 10 physical therapy sessions. For these reasons, continued physical therapy to the right upper extremities 2 times a week for 6 weeks is not considered as medically necessary.