

Case Number:	CM15-0044090		
Date Assigned:	03/16/2015	Date of Injury:	01/28/2013
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The patient is a female with a work injury dated 1/28/13. The diagnoses is cervical disc disease, subacromial bursitis, medial and lateral epicondylitis, wrist tenosynovitis; bilateral carpal tunnel syndrome. The patient has had 16 prior physical therapy sessions and has been treated with medication management. Per documentation, a progress note dated 1/16/15 states that the patient's pain has been decreasing. She has pain in the trapezius musculature and pain in the cervical spine. Her range of motion is decreased. She feels that she has improved somewhat. Under consideration is additional physical therapy to the right wrist, right elbow and cervical spine, quantity 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the right wrist, right elbow and cervical spine two times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, 98-99.

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

Decision rationale: Outpatient physical therapy to the right wrist, right elbow and cervical spine two times per week for four weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The patient has already had 16 visits. The MTUS recommends a transition to a self-directed independent home exercise program. The request for additional therapy is not medically necessary.