

Case Number:	CM15-0044677		
Date Assigned:	03/17/2015	Date of Injury:	08/25/2013
Decision Date:	04/17/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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 (IW) is a 47 year old female who sustained an industrial injury on 08/25/2013. She reported pain in the right hand and wrist following a cumulative trauma injury. The injured worker was diagnosed as having overuse syndrome to the right upper extremity, right lateral and medial epicondylitis, and muscle strain. Treatment to date has included wrist brace, a cortisone injection (10/23/2013) to the proximal forearm by a hand specialist without benefit and physical therapy. She was recently approved for 12 sessions of physical therapy. Currently, the injured worker complains of two weeks gradually increasing pain from the right elbow radiating to the palmar aspect of the hand with numbness and tingling. Movement increases her pain as does reaching above shoulder level. Treatment recommendations were for a Medrol Dosepak, Motrin 800 mg three times a day, use of an epicondylitis strap and physical therapy. The request is for, 6 visits Physical Therapy for the Right Hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Hand, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official

Disability Guidelines Treatment in Workers' Compensation: Forearm, Wrist and Hand 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. In general, physical therapy is a recommended therapy; however, it is expected that there be a specific number of sessions allowed for a given medical problem and that this treatment includes education towards a self-directed home exercise program. Specifically, the MTUS Physical Medicine Guidelines state the following: 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, the records indicate that the patient has already received at least 12 sessions of physical therapy. This exceeds the number of sessions recommended by the above cited MTUS guidelines. Further, it would be expected at this point that the patient has received instructions to begin a self-directed home exercise program. There is insufficient documentation to explain why the patient is not engaged in a home exercise program as the next step in the physical therapy process. For these reasons, 6 additional visits for physical therapy of the right hand is not considered as medically necessary.