

Case Number:	CM15-0054802		
Date Assigned:	03/30/2015	Date of Injury:	08/01/2013
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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, Pain Management

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 58 year old female, who sustained an industrial injury on 07/15/2013. The initial complaints or symptoms included left shoulder and left upper extremity pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, occupational therapy (12 sessions as of 01/20/2015), and radiographic imaging and MRIs of the left wrist and elbow. Currently, the injured worker complains of constant radiating left wrist pain, and intermittent radiating left elbow pain with pain ratings of 8/10. It was noted that the injured worker had refused additional therapy reporting that is caused increased pain. The diagnoses include left lateral epicondylitis, left flexor tendinosis, medial epicondylitis, partial thickness tears of the common extensor tendon and the radial collateral tendon, left wrist tenosynovitis, right wrist elbow pain (compensatory), and secretion syndrome (per PQME 09/15/2014). The treatment plan consisted of Spanish interpreter, pending MRI, return to full duty, 12 sessions of occupational therapy, and follow-up. An occupational therapy report dated January 20, 2015 indicates that the patient has noted slightly increased range of motion in the forearm and wrist, and decreased strength with palmar pinch, and increased strength with lateral Pinch and grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, Left Wrist and Elbow, Qty 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, when added to the previously performed a number of therapy sessions, the currently requested 12 sessions exceeds the maximum number recommended by guidelines for the nonoperative treatment of any forearm, wrist, or hand diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.