

Case Number:	CM15-0056992		
Date Assigned:	04/01/2015	Date of Injury:	09/22/2014
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a female patient who sustained an industrial injury on 09/22/2014. Prior treatment to include rehabilitation therapy, electrodiagnostic & nerve conduction studies, radiography study, right elbow, topical analgesia, wrist brace, and ergonomic keyboard. The oldest medical record provided is dated 10/22/2014, and reported the patient with subjective complaint of left wrist pain. The pain is noted as constant, aching pain accompanied with tingling, swelling and numbness into the fingers. The pain travels to her left elbow, extending to the left shoulder. She is also with constant right wrist pain, anxiety and depression secondary to the stress she is under. In addition, she has occasional headaches. She is currently taking Metformin, Atenolol, and Glipizide. The impression noted right hand strain/sprain rule out tendinitis, carpal tunnel syndrome; left hand strain/sprain rule out tendinitis, carpal tunnel syndrome; right wrist strain/sprain rule out internal derangement or tear; left wrist strain/sprain rule out internal derangement; left shoulder strain/sprain rule out tendinitis, impingement, cuff tear; right elbow strain/sprain rule out lateral epicondylitis and left elbow strain/sprain rule out lateral epicondylitis. The patient had not yet reached maximum medical improvement. Recommending an ultrasound guided injection to right elbow and left shoulder, prescribed interferential unit for home use, elbow brace, wrist support and physical therapy. The most recent medical records provided are dated 02/02/2015, and reported subjective complaints of bilateral shoulder pain, left greater than right. She also complains of bilateral elbow and wrist pains. Currently pending are an ultrasound guided injection and magnetic resonance imaging. The following diagnoses are applied: bilateral hand strain/sprain, carpal tunnel syndrome;

bilateral wrist strain/sprain rule out internal derangement; left shoulder strain/sprain rule out tendinitis impingement, cuff tear, and bilateral elbow strain/sprain rule out lateral epicondylitis. The plan of care involved recommending an ultrasound guided injection, a magnetic resonance imaging of left shoulder, elbow and wrist, and continue physical therapy. She is to remain temporarily and totally disabled from work. She is to follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left arm/left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the left arm and left upper extremity is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right hand strain and sprain, carpal tunnel syndrome; left-hand strain and sprain, carpal tunnel syndrome; right wrist strain and sprain rule out internal derangement; left wrist strain and sprain rule out internal derangement; left shoulder sprain and strain rule out tendinitis/impingement; right elbow strain and sprain rule out lateral epicondylitis; left elbow strain and sprain left lateral epicondylitis. Subjectively, according to a February 2, 2015 progress note, the injured worker complains of pain in both shoulders, left greater than right pain in both elbows and both wrists. The documentation indicates the injured worker received 12 prior physical therapy sessions to the left arm and left upper extremity. The physical therapy documentation indicates the injured worker has continued pain. However, there are no objective clinical determinants compatible with objective functional improvement documented in the medical record. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is necessary. Consequently, absent clinical documentation with objective functional improvement from the 12 prior physical therapy sessions with no compelling clinical facts to warrant additional physical therapy (according to the guidelines), (additional) physical therapy to the left arm and left upper extremity is not medically necessary.