

Case Number:	CM15-0058840		
Date Assigned:	04/03/2015	Date of Injury:	06/25/2011
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/27/2015

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: Arizona, 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 66 year old female who sustained a work related injury June 25, 2011. According to a primary treating physician's supplemental report, dated January 21, 2015, the injured worker presented for follow-up evaluation with complaints of pain in the neck, right shoulder/arm, right elbow/forearm, and left hip/thigh. She also complains of pain and numbness in the right wrist/hand. The injured worker has stated that physical therapy helps decrease her pain and tenderness and that her function and activities of daily living have improved by 10%. Diagnostic impression included; history of cervical spine myofascial pain syndrome, exacerbation; thoracic spine strain/sprain, exacerbation; right shoulder sprain/strain, exacerbation; right elbow sprain/strain and lateral epicondylitis, exacerbation; right wrist sprain/strain and carpal tunnel syndrome, exacerbation; bilateral hip strain/sprain and trochanteric bursitis, exacerbation. Treatment plan included; continue physical therapy for her right upper extremities 2 times a week for 6 weeks, prescribed Terocin, referred pending authorization for EMG/NCV (electrodiagnostic studies) of the upper extremities, and urine toxicology testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 weeks: Upheld

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

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

Decision rationale: According to the guidelines, strains and myositis related diagnoses as in this case, are limited to 8-10 visits of physical therapy. It is intended for education and counseling as well as to be performed in a tapering basis. Additional therapy is to be completed at home. In this case, the claimant had completed an unknown amount of therapy at home. There is no indication that additional exercises cannot be performed at home. The request for 12 additional physical therapy sessions is not medically necessary.

EMG/NCV Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: In this case, the claimant had been diagnosed with carpal tunnel syndrome. The EMG/NCV were completed which were consistent with that diagnosis. According to the guidelines, EMG/NCV studies are not recommended for those without symptoms. It is recommended for median or ulnar impingement after wrist failure. The claimant was undergoing therapy and there was no indication of failure. In addition the results of the test do not change intervention or treatment plan. The request is not medically necessary.