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| Case Number: | CM15-0059110 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 01/17/1997 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 03/19/2015 |
| 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: 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 injured worker is a 68 year old male, who sustained an industrial injury on January 7, 1997. He has reported bilateral arm pain. Diagnoses have included bilateral medial and lateral epicondylitis, and bilateral flexor tenosynovitis. Treatment to date has included medications, physical therapy, cortisone injections, nerve block, splinting, arm surgery, and diagnostic testing. A progress note dated February 17, 2015 indicates a chief complaint of right forearm pain. The treating physician retrospectively requested physical therapy. There is an appeal from the patient stating that he had right lateral epicondyle surgery 8 years ago. He continues to have pain (3-5/10) and some loss of functionality in his right elbow from overuse. He now experiences left wrist and elbow pain and loss of functionality. He can only write for short periods (5 minutes). The patient wrists that he has pain and limit of functionality from overuse of the tendon in his right wrist and he is gradually improving with PT, splinting, activity modification and exercises. He has somewhat improved the pain and functionality over the past 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 2/5/2014, 2/12/2015, 2/19/2015, 2/25/2015, 3/4/2015) for physical therapy for the bilateral wrist x 9 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines Page(s): 474.

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

Decision rationale: Retrospective request (DOS 2/5/2014, 2/12/2015, 2/19/2015, 2/25/2015, 3/4/2015) for physical therapy for the bilateral wrist x 9 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition. The patient is out of the postoperative period as his surgery was on the right elbow 8 years ago. At this point he has exceeded the recommended number of visits for this condition as he has had 21 PT/OT visits as of 2/21/5. There are no extenuating circumstances requiring further supervised therapy. The MTUS recommends a transition from supervised therapy to an independent home exercise program. The retrospective request for physical therapy for the bilateral wrists is not medically necessary.