

Case Number:	CM15-0081437		
Date Assigned:	05/04/2015	Date of Injury:	10/11/2013
Decision Date:	06/26/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/28/2015

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

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 34 year old female, who sustained an industrial injury on 10/11/2013.

She reported cumulative injury. The injured worker was diagnosed as having bilateral wrist tendinitis, right lateral epicondylitis, right shoulder tendinitis and hand weakness.

Electromyography (EMG) showed bilateral mild cubital tunnel syndrome. Treatment to date has included physical therapy, heat/ice, exercises and medication management. In a progress note dated 3/23/2015, the injured worker complains of bilateral upper extremities pain. The treating physician is requesting 6 sessions of physical therapy for the left wrist, right wrist, right lateral epicondylitis and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, 3 times a week for 2 weeks, Left Wrist (6 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 Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The 34 year old patient complains of pain in bilateral upper extremities, and has been diagnosed with mild cubital tunnel syndrome, as per progress report dated 03/23/15. The request is for Additional Physical Therapy 3 Times A Week For 2 Weeks, Dx: Left Wrist. The RFA for the case is dated 03/23/15, and the patient's date of injury is 10/11/13. The wrist/hand pain ranges from 2/10 to 8/10, as per progress report dated 01/20/15. Diagnoses included unspecified synovitis and tenosynovitis, lateral epicondylitis of the elbow, shoulder tendinitis and bursitis, and hand weakness. The patient has been allowed to work with restrictions, as per progress report dated 03/23/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has already been authorized for at least 6 sessions of PT, and has completed 3 of those sessions, as per progress report dated 01/20/15. It is not clear if the patient subsequently completed the remaining sessions or not. In progress report dated 01/28/15, the treater states that as a result of PT the patient continues to improve slowly with condition. Decrease use of NSAIDs to qd. Decrease to pain at rest 1/10 and decrease instance of flares 7/10. The treater is requesting for 6 additional sessions, as per progress report dated 03/23/15. In an appeal letter, dated 04/20/15 after the UR denial date, the treater states that Given the fact that she has persistent weakness of the intrinsic musculature of her hands related to her ulnar neuropathy, it is my recommendation that she undergo the six additional physical therapy sessions directed to upper extremities. MTUS, however, allows only 8-10 sessions of PT in non-operative cases. Hence, the treater's request for additional sessions is excessive and is not medically necessary.

Additional Physical Therapy, 3 times a week for 2 weeks, Right Wrist (6 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 Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The 34 year old patient complains of pain in bilateral upper extremities, and has been diagnosed with mild cubital tunnel syndrome, as per progress report dated 03/23/15. The request is for Additional Physical Therapy 3 Times A Week For 2 Weeks, Dx: Right Wrist. The RFA for the case is dated 03/23/15, and the patient's date of injury is 10/11/13. The wrist/hand pain ranges from 2-8/10, as per progress report dated 01/20/15. Diagnoses included unspecified synovitis and tenosynovitis, lateral epicondylitis of the elbow, shoulder tendinitis and bursitis, and hand weakness. The patient has been allowed to work with restrictions, as per progress report dated 03/23/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has already been authorized for at least 6 sessions of PT, and has completed 3 of those sessions, as per progress report dated 01/20/15. It is not clear if the patient subsequently completed the remaining sessions or not. In progress report dated 01/28/15, the treater states that as a result of PT the patient continues to improve slowly with condition. Decrease use of NSAIDs to qd. Decrease to pain at rest 1/10 and decrease instance of flares 7/10. The treater is requesting for 6 additional sessions,

as per progress report dated 03/23/15. In an appeal letter, dated 04/20/15 after the UR denial date, the treater states that Given the fact that she has persistent weakness of the intrinsic musculature of her hands related to her ulnar neuropathy, it is my recommendation that she undergo the six additional physical therapy sessions directed to upper extremities. MTUS, however, allows only 8-10 sessions of PT in non-operative cases. Hence, the treater's request for additional sessions is excessive and is not medically necessary.

Additional Physical Therapy, 3 times a week for 2 weeks, Right Lateral Epicondylitis (6 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 Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The 34 year old patient complains of pain in bilateral upper extremities, and has been diagnosed with mild cubital tunnel syndrome, as per progress report dated 03/23/15. The request is for Additional Physical Therapy 3 Times A Week For 2 Weeks, Dx: Right Lateral Epicondylitis. The RFA for the case is dated 03/23/15, and the patient's date of injury is 10/11/13. The wrist/hand pain ranges from 2-8/10, as per progress report dated 01/20/15. Diagnoses included unspecified synovitis and tenosynovitis, lateral epicondylitis of the elbow, shoulder tendinitis and bursitis, and hand weakness. The patient has been allowed to work with restrictions, as per progress report dated 03/23/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has already been authorized for at least 6 sessions of PT, and has completed 3 of those sessions, as per progress report dated 01/20/15. It is not clear if the patient subsequently completed the remaining sessions or not. In progress report dated 01/28/15, the treater states that as a result of PT the patient continues to improve slowly with condition. Decrease use of NSAIDs to qd. Decrease to pain at rest 1/10 and decrease instance of flares 7/10. The treater is requesting for 6 additional sessions, as per progress report dated 03/23/15. In an appeal letter, dated 04/20/15 after the UR denial date, the treater states that Given the fact that she has persistent weakness of the intrinsic musculature of her hands related to her ulnar neuropathy, it is my recommendation that she undergo the six additional physical therapy sessions directed to upper extremities. MTUS, however, allows only 8-10 sessions of PT in non-operative cases. Hence, the treater's request for additional sessions is excessive and is not medically necessary.

Additional Physical Therapy, 3 times a week for 2 weeks, Right Shoulder (6 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 Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The 34 year old patient complains of pain in bilateral upper extremities, and has been diagnosed with mild cubital tunnel syndrome, as per progress report dated 03/23/15. The request is for Additional Physical Therapy 3 Times A Week For 2 Weeks, Dx: Right Shoulder. The RFA for the case is dated 03/23/15, and the patient's date of injury is 10/11/13. The wrist/hand pain ranges from 2-8/10, as per progress report dated 01/20/15. Diagnoses included unspecified synovitis and tenosynovitis, lateral epicondylitis of the elbow, shoulder tendinitis and bursitis, and hand weakness. The patient has been allowed to work with restrictions, as per progress report dated 03/23/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has already been authorized for at least 6 sessions of PT, and has completed 3 of those sessions, as per progress report dated 01/20/15. It is not clear if the patient subsequently completed the remaining sessions or not. In progress report dated 01/28/15, the treater states that as a result of PT the patient continues to improve slowly with condition. Decrease use of NSAIDs to qd. Decrease to pain at rest 1/10 and decrease instance of flares 7/10. The treater is requesting for 6 additional sessions, as per progress report dated 03/23/15. In an appeal letter, dated 04/20/15 after the UR denial date, the treater states that Given the fact that she has persistent weakness of the intrinsic musculature of her hands related to her ulnar neuropathy, it is my recommendation that she undergo the six additional physical therapy sessions directed to upper extremities. MTUS, however, allows only 8-10 sessions of PT in non-operative cases. Hence, the treater's request for additional sessions is excessive and is not medically necessary.