

Case Number:	CM15-0085548		
Date Assigned:	05/08/2015	Date of Injury:	09/11/2014
Decision Date:	07/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/05/2015

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 58 year old male injured worker suffered an industrial injury on 09/11/2014. The diagnoses included right ulnar nerve neuropathy. The diagnostics included electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with physical therapy, steroid injections, and iontophoresis. On 4/13/2015 the treating provider reported persistent pain with numbness and tingling over the right cubital tunnel. The treatment plan included Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times per week for 3 weeks, 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 patient presents on 04/06/15 with bilateral elbow pain rated 5/10 which radiates into the bilateral wrists. The patient's date of injury is 09/11/14. Patient has no

documented surgical history directed at this complaint. The request is for Physical Therapy two times a week for three weeks. The RFA is dated 04/06/15. Physical examination dated 04/06/15 reveals tenderness to palpation over the bilateral medial epicondyles and at the biceps tendon insertion, with reduced grip strength (worse on the right), and positive Tinel's sign in the bilateral wrists. The patient is currently prescribed Losartan, Aleve, and XL3. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled through 05/18/15. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In regard to the request for 6 additional sessions of physical therapy for this patient's continuing wrist complaint, the provider has exceeded guideline recommendations. This patient has undergone 15 sessions of physical therapy directed at his wrist complaint to date, last on 02/23/15 with documented benefits. However, MTUS guidelines support 8-10 visits for complaints of this nature; the requested 6 sessions in addition to the 15 already completed exceeds these recommendations. Therefore, the request is not medically necessary.