

Case Number:	CM15-0089513		
Date Assigned:	05/13/2015	Date of Injury:	08/09/2010
Decision Date:	06/19/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/09/2015

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, Pain Management

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 39-year-old female who sustained a work related injury August 9, 2010. Past history included s/p cervical spine surgery October 2012 and December 2013 and bilateral carpal tunnel syndrome, March, 2011. According to an orthopedic consultation, dated March 5, 2015, the injured worker presented with bilateral elbow pain and bilateral wrist pain. Diagnostic impressions are bilateral elbow sprain/strain; bilateral elbow lateral and medial epicondylitis; bilateral wrist sprain/strain; bilateral wrist carpal tunnel syndrome. Recommendation; left wrist carpal tunnel release and possible right carpal tunnel release, if no improvement with conservative treatment. A primary treating physician's progress report, dated April 9, 2015, finds the injured worker with complaints of neck, bilateral shoulder and bilateral elbow pain. There is pain and numbness in the bilateral wrist. Diagnoses included cervical sprain/strain; left shoulder sprain/strain; right shoulder sprain/strain, compensatory; right elbow pain, lateral epicondyle secondary to left ulnar dysfunction. Treatment plan included placing physical therapy on hold, pending authorization of left wrist carpal tunnel release surgery, and a urine toxicology test administered. At issue, is a request for retrospective (12) physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this remote 2010 injury, and what functional benefit the worker gained from PT. Furthermore, the notes do not clearly indicate why PT was placed on hold in the time frame of late 2014 and early 2015. Therefore, additional physical therapy is not medically necessary.