

Case Number:	CM15-0230965		
Date Assigned:	12/04/2015	Date of Injury:	03/17/2011
Decision Date:	01/13/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/24/2015

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: Emergency 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 56 year old male injured worker suffered an industrial injury on 3-17-2011. The diagnoses included complex regional pain syndrome to the right upper extremity. He noted the left lateral epicondylitis was getting progressively worse. On 9-28-2015 the therapist re-evaluation reported after 8 sessions there was progress in improvement in pain, activities of daily living, range of motion to the left and right elbows. The recommendation was to continue therapy. On 10-27-2015 provider reported right upper extremity pain that was constant rated at worst 7 out of 10 and on average 5 out of 10. Medication were in use were Terocin, Magnesium, Celexa, Lidoderm, Naproxen, Seroquel, Lyrica and Trazadone. On exam there was amputation of all 4 fingers of the right hand. The left hand had edema. On the right hand the overlying skin showed a breakthrough with tenderness, allodynia and hyperalgesia. Prior treatments included stellate ganglion block x 3 with no relief. Request for Authorization dated was 10-16-2015. Utilization Review on 11-3-2015 determined modification for Additional physical therapy sessions to the left upper extremity/elbow 2 times a week for 4 weeks to #2 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy sessions to the left upper extremity/elbow 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: As per MTUS guidelines, physical therapy may aid in pain and functional status. Guidelines recommend initial treatment with transitioning to home care. Patient has received 8 PT sessions with some improvement. Guidelines recommend up to 10 PT sessions. Additional requested sessions will exceed guideline maximum. Additional PT sessions are not supported by documentations of guidelines. Not medically necessary.