

Case Number:	CM15-0235231		
Date Assigned:	12/10/2015	Date of Injury:	05/21/1997
Decision Date:	01/20/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/02/2015

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:

This injured worker is a 61 year old female who reported an industrial injury on 5-21-1997. Her diagnoses, and or impressions, were noted to include right upper limb carpal tunnel syndrome, ulnar nerve lesion, and complex regional pain syndrome, and right lateral elbow epicondylitis. No current imaging studies were noted. Her treatments were noted to include: release surgeries (12-9-97, 9-30-00, & 11-23-01), acupuncture treatments: effective, a home exercise program, medication management, and being classified as permanent and stationary. The progress notes of 11-9-2015 reported: chronic right upper extremity pain, status-post right ulnar nerve and carpal tunnel release, complex regional pain syndrome in the left upper extremity, continued pain, stiffness and tightness in her right shoulder blade that radiated into her right cervical brachial region and right trapezius, relieved by massage, that she was approved for 6 chiropractic treatments and would like to continue acupuncture treatments which decreased her pain from 7-8 out of 10, to 4-5 out of 10, resulting in improved tolerance for activities of daily living, and that she used medications on an as-needed basis. The objective findings were noted to include: tenderness to the medial border and right scapula; spasm and hypertonicity in the cervical paraspinal, rhomboids and upper trapezius musculature, right > left. The physician's requests for treatment were noted to include 6 sessions of physical therapy, 2 x 3, for the upper extremity. The Request for Authorization, dated 11-12-2015, was noted to include 6 sessions of physical therapy, 2 x 3, for the upper extremity. The Utilization Review of 11-19-2015 non-certified the request for 6 physical therapy sessions, 2 x a week x 3 weeks, for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of right upper extremity 2 x week x 3 weeks (6 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter; Physical/Occupational Therapy Guidelines.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has a flare up of well controlled chronic pain. Documentation states that patient had prior PT but has not had any recent PT and cannot remember prior exercises. I initial trial of 6sessions as a "refresher" of upper extremity PT home exercise is medically indicated. Physical therapy is medically necessary.