

Case Number:	CM15-0236668		
Date Assigned:	12/14/2015	Date of Injury:	06/09/2009
Decision Date:	01/20/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/03/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 56 year old female who sustained an industrial injury on 6-9-09. A review of the medical records indicates that the worker is undergoing treatment for upper extremity overuse syndrome, bilateral epicondylitis, bilateral ulnar neuropathy, muscle spasm and carpal tunnel syndrome. Subjective complaints (7-21-15) include increased pain in the right shoulder with occasional numbness and pain down the right arm. Pain is rated at 4 out of 10 on a good day, and 8 out of 10 on a bad day. Mobic and Gabapentin are utilized for pain relief. Work status is noted as working full time, modified duty with work restrictions. Objective findings (7-21-15) include limited right shoulder range of motion secondary to pain with forward flexion and abduction, bilateral upper extremity strength of 4 out of 5, decreased sensation in a median nerve distribution on the right and decreased sensation in an ulnar nerve distribution on the right and left, positive Phalen's on the right wrist, tenderness to deep palpation on the lateral aspect of bilateral elbows, tenderness at the right acromioclavicular joint, and tight muscles in the cervical paraspinals, trapezius, posterior scalene and trigger points are palpated on exam. Previous treatment includes physical therapy (with reported good response), medication, acupuncture and a Cortisone injection. A request for authorization is dated 7-27-15. The requested treatment of physical therapy for bilateral upper extremities (quantity 12) was non-certified on 11-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, bilateral upper extremities, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Elbow Complaints 2007, and Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand (Acute & Chronic) - Physical therapy; Shoulder - Physical therapy; Elbow - Physical therapy.

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

Decision rationale: Physical therapy in the form of passive therapy for the arms is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia-type pain and less for neuropathic-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the provider recorded that the worker had experienced a "good response" to previous physical therapy for the arms in the past. However, this request for additional therapy cannot be justified. The worker had already exceeded the number of recommended sessions (12 completed sessions) and there was insufficient evidence to suggest home exercises were not able to be performed at this stage of treatment. Therefore, this request for 12 more supervised sessions of physical therapy for the upper extremities is not medically necessary.