

Case Number:	CM14-0218269		
Date Assigned:	01/07/2015	Date of Injury:	08/28/2014
Decision Date:	03/31/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 56 year old female who sustained an industrial injury on 8/28/14. On this date per documentation per documentation 9/11/14, the injured worker was given an injury form to fill out. She was undergoing a physical medicine evaluation. She did not know what to do and consulted an attorney. She is currently not seeing a physician. Currently she complains of neck pain and stiffness with associated numbness and tingling. She rates this pain 3-4/10. She also has headaches, bilateral shoulder pain, bilateral upper extremity pain, bilateral wrist and hand pain, abdominal bloating, insomnia and depression. Her activities of daily living are compromised due to the pain. Medications are naproxen, omeprazole and Tramadol. Diagnoses include bilateral shoulder impingement; bilateral epicondylitis; bilateral carpal tunnel syndrome and bilateral ganglion and cyst synovium, tendon and bursa. Since 2005 treatments included physical therapy, hand brace, medications. In the progress note dated 11/20/14 the treating provider requested physical therapy 3x4 for bilateral wrists and left elbow due to ongoing symptoms getting progressively worse. On 12/4/14 Utilization Review non-certified the request for Physical Therapy to Bilateral Wrists and Left Elbow 3 times a week for 4 weeks citing MTUS: Chronic Pain Treatment Guidelines for Physical medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral wrists and left elbow, three times weekly for four weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted documentation indicated the worker was experiencing pain in both hands with worsening numbness and tingling. There was no discussion describing the reason so many therapist-directed physical therapy sessions would be needed or would be expected to provide more benefit than a home exercise program. Further, this would not allow for "fading." For these reasons, the current request for twelve sessions of physical therapy for both hands and the left elbow done as three times weekly for four weeks is not medically necessary.