

Case Number:	CM15-0101231		
Date Assigned:	06/03/2015	Date of Injury:	05/17/2014
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 34-year-old female with a May 17, 2014 date of injury. An occupational therapy progress note dated March 10, 2015 (parts of which are difficult to decipher) documents subjective findings (numbness and tingling of the bilateral upper extremities), objective findings (tenderness of the right elbow; tenderness of the left elbow; pain rated at a level of 2/10 at rest and 5/10 with work; decreased strength), and current diagnoses (bilateral upper extremity pain and numbness, possible thoracic outlet syndrome). Treatments to date have included occupational therapy. The treating physician requested authorization for additional physical therapy for the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Additional Physical Therapy, Two Times a Week for Six Weeks (2x6), Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm/Wrist/Hand, Ulnar Nerve Entrapment/Cubital Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, outpatient additional physical therapy two times per week times six weeks of the bilateral upper extremities is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is right upper extremity tendinitis with possible thoracic outlet syndrome. The medical record is composed of physical therapy progress notes. There are no progress notes from the treating provider. The request for authorization is dated May 4, 2015. The progress note dated May 21, 2015 states the injured worker is presenting for physical therapy visit #24. There are no provider progress notes in the medical record and, as a result, there is no clinical indication or rationale for additional physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with a clinical indication and rationale for additional physical therapy (12 sessions), absent clinical progress notes by the treating provider(s) and compelling clinical facts indicating additional physical therapy is clinically warranted, outpatient additional physical therapy two times per week times six weeks of the bilateral upper extremities is not medically necessary.