

Case Number:	CM15-0014551		
Date Assigned:	02/02/2015	Date of Injury:	02/12/2009
Decision Date:	03/30/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female who reported an injury on 02/12/2009. The mechanism of injury was not provided. Her diagnoses is noted as pain in limb, myalgia and myositis, unspecified, tendinitis and/or tenosynovitis of the elbow region, other tenosynovitis of hand and wrist. The past treatments were noted to include medication, bracing, physical therapy, topical analgesic and activity modification. Her diagnostic studies and surgical history was not provided. During the assessment on 01/21/2015, the injured worker indicated that she still had pain and numbness in her right arm in the middle of the night. She also indicated that she had pain in her right wrist, ulnar forearm and hand. She indicated that she was able to control her pain temporarily while decreasing the inflammation. She rated her pain a 6/10 to 8/10. Physical examination revealed the cervical spine range of motion was intact. There was no axial loading, Spurling's or Adson's signs. She had raised muscle tension at end range. The muscle examinations were abnormal in tone. There were firm muscle knots in her trapezius, scaleni, supraspinatus, infraspinatus, teres, rhomboids, pectoralis and upper quadrant muscle groups. There was deep and focal palpation of the muscle knots elicited classic twitch response with slight radiation pattern consistent with trigger point radiation. The bilateral shoulder range of motion, and motor strength were 4+/5 only. The bilateral elbow range of motions were normal without crepitus or swelling. There was tenderness to palpation in the bilateral elbow and medial/lateral epicondyle, as well as common extensor mass/common flexor mass. There was a slight positive Finklestein's test. There was a negative Tinel's sign in both upper extremities. Otherwise, the hand and bilateral upper extremity dermatome sensory was normal. Her

medications were noted to include Vimovo 20/500 mg. The treatment plan was to continue her current medication regimen, request a hand therapy, continue with her anti-inflammatory compound cream, continue full time work duty, apply the wrist brace to use at bedtime, and followup in 1 month. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy x 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for hand therapy x8 visits is not medically necessary. The California MTUS Guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. The clinical documentation did not include a detailed assessment of the injured worker's current functional condition including range of motion and motor strength which would support the request for physical therapy. There was a lack of current functional deficits that would support the need for physical therapy. There were no exceptional factors to justify supervised visits over participation in a home exercise program. The clinical documentation indicated that the injured worker was working full time duty with no limitations. Furthermore, the rationale for the request was not provided. Given the above, the request is not medically necessary.