

Case Number:	CM15-0123328		
Date Assigned:	08/07/2015	Date of Injury:	08/13/2003
Decision Date:	09/04/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/26/2015

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: Preventive Medicine, Occupational 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 38 year old female, who sustained an industrial injury on 8-13-03. The injured worker has complaints of pain in the right shoulder, right elbow, right wrist and neck. The documentation noted that there is tenderness along the medial greater than lateral epicondyle. The diagnoses have included discogenic cervical condition; impingement syndrome along the shoulder on the right and epicondylitis laterally and medially on the right. Treatment to date has included physical therapy; chiropractic therapy; effexor; trazodone; Norco; transcutaneous electrical nerve stimulation unit; nerve studies times three last time being in 2006 showed no evidence of radiculopathy; injections; epicondyle release and ulnar nerve release in December 2013 and magnetic resonance imaging (MRI) of the wrist in June 2011 showed synovitis on the dorsum. The request was for physical therapy for right shoulder, right elbow, and right wrist quantity 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right shoulder, right elbow, and right wrist QTY: 12: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker had previously completed an unknown number of physical therapy sessions for the same complaints without documentation of an increase in function or decrease in medication use. Additionally, this request for 12 sessions exceeds the recommendations of the established guidelines. The request for physical therapy for right shoulder, right elbow, and right wrist QTY: 12 is not medically necessary.