

Case Number:	CM15-0129133		
Date Assigned:	07/15/2015	Date of Injury:	09/28/2011
Decision Date:	08/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 46 year old female who sustained an industrial /work injury on 9/28/11. She reported an initial complaint of neck, shoulder, elbow, and wrist pain. The injured worker was diagnosed as having possible bilateral carpal tunnel syndrome (R>L), possible bilateral wrist sprain/strain, possible overuse syndrome, resolving right shoulder pain with resolved right shoulder impingement sp right shoulder nerve block, possible left shoulder sprain/strain with mild impingement, bilateral elbow lateral epicondylitis/bilateral elbow sprain/strain and bilateral cervical facet pain. Treatment to date includes medication, extracorporeal shockwave therapy to left elbow, physical therapy, nerve block to right shoulder on 2/18/14. MRI results were reported on 10/4/13, 12/13/13, and 8/11/14. X-ray results were reported on 8/27/13 and 8/11/14. EMG/NCV (electromyography and nerve conduction velocity test were performed on 4/42/14. Currently, the injured worker complained of pain in the neck, lateral left elbow, and right and left wrist. Per the primary physician's report (PR-2) on 5/4/15, exam noted tenderness and muscle spasm of the bilateral trapezii and cervical paravertebral muscles, tenderness with palpation of the dorsal right and left wrist with positive Tinel's and Phalen's tests, left elbow flexion is 140 degrees and pronation and supination is 80 degrees, gait is non-limping, reduction in sensation in the median nerve right wrist, and weakness of both handgrip (R>L).The requested treatments include physical therapy 2 times per week for 4 weeks to cervical spine, left elbow, right wrist, left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 4 weeks to cervical spine, left elbow, right wrist, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: MTUS 2009 recommends up to 10 sessions of PT. The patient has received cortisone injections, extra-corporeal shockwave therapy and surgery and undergone work hardening PT. The treating physician considers the patient totally disabled and the clinical examination remains unchanged. There is no documentation of improved function provided after the therapy. This request for an additional 8 sessions of PT is not medically necessary.