

Case Number:	CM15-0173698		
Date Assigned:	09/15/2015	Date of Injury:	10/26/2010
Decision Date:	10/22/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/03/2015

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, Hawaii
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 46-year-old female who sustained an industrial injury on October 26, 2010. Diagnoses have included lateral epicondylitis, bursitis, and psychogenic pain. Documented treatment includes an unspecified amount of physical therapy "several years" ago, cortisone injections in her elbows, and medication including Tramadol, Tylenol, Trazodone at bedtime, and Ultracet providing a reported 30 - 40 percent pain relief. The injured worker continues to complain of chronic bilateral upper extremity pain which is worse on the right. She has some occasional radiation of pain. Examination on July 14, 2015 did not state functional deficit. The treating physician's plan of care includes 6 sessions of physical therapy for her bilateral hands. The injured worker wishes to resume a home exercise program as a result of physical therapy treatment. This was denied August 4, 2015. Current work status works full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for three weeks in treatment of bilateral hands:
Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the bilateral upper extremities. The current request is for Physical therapy 2 times a week for three weeks in treatment of bilateral hands. The treating physician report dated 7/14/15 (14B) states, "We do think it is reasonable and appropriate for the patient to have a refresher course for hand therapy since it has been several years since her most recent round of physical therapy, we will request for this today to facilitate a more comprehensive home exercise program." A report dated 9/17/15 (20B) states, "Pain is worse with gripping and grasping as well as forward flexion of her upper extremities." The report goes on to state, "Patient has also seen hand surgeon", who did not recommend surgery. Therefore, we will continue with conservative management of her pain." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy for the bilateral hands, although the quantity of sessions received is unknown. The patient's status is not post-surgical. In this case, the patient has not received physical therapy in several years and the patient's functional strength in the bilateral hands has decreased. Furthermore, the current request of 6 visits is within the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Additionally, the patient is not a candidate for surgery, therefore the treating physician is continuing with conservative therapy and 6 sessions of physical therapy to re-establish a comprehensive home exercise program is supported by the MTUS guidelines. The current request is medically necessary.