

Case Number:	CM15-0068783		
Date Assigned:	04/16/2015	Date of Injury:	04/18/2012
Decision Date:	05/15/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, Illinois

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 51year old female, who sustained an industrial injury on 04/18/2012. According to a progress report dated 03/24/2015, the injured worker complained of continued and increased bilateral forearm/wrist/hand pain with increased numbness and tingling that awakened her at night. She was typing with her left upper extremity which was causing increased left upper extremity pain. Diagnoses included bilateral forearm/wrist flexor and extensor tendinitis/De Quervain's tenosynovitis with mild right carpal tunnel syndrome and dynamic left carpal tunnel syndrome per electrodiagnostic study dated 02/13/2013, bilateral knee internal derangement/patellofemoral arthralgia and left medical meniscectomy performed on 04/17/2014, cervical/trapezial musculoligamentous sprain/strain and right upper extremity, thoracolumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis, bilateral shoulder impingement/strain, bilateral elbow medial and lateral epicondylitis with dynamic cubital tunnel syndrome, left ankle sprain and internal medicine, neurology, sleep and rheumatologic complaints. Currently under review is the request for 8 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 04/18/2012. The medical records provided indicate the diagnosis of bilateral forearm/wrist flexor and extensor tendinitis/De Quervain's tenosynovitis with mild right carpal tunnel syndrome and dynamic left carpal tunnel syndrome per electrodiagnostic study dated 02/13/2013, bilateral knee internal derangement/patellofemoral arthralgia and left medical meniscectomy performed on 04/17/2014, cervical/trapezial musculoligamentous sprain/strain and right upper extremity, thoracolumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis, bilateral shoulder impingement/strain, bilateral elbow medial and lateral epicondylitis with dynamic cubital tunnel syndrome, left ankle sprain. The medical records provided for review do not indicate a medical necessity for: 8 physical therapy. The medical records reviewed indicate the injured worker recently had 8 sessions of physical therapy without improvement. The MTUS does not recommend. The request IS NOT medically necessary.