

Case Number:	CM15-0069353		
Date Assigned:	04/16/2015	Date of Injury:	04/04/2014
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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 30-year-old female patient who sustained an industrial injury on 04/04/2014. A primary treating office visit dated 12/29/2014 reported the patient with subjective complaint of right elbow, forearm, and bilateral wrist pain. She is diagnosed with right elbow strain, and bilateral wrist carpal tunnel syndrome. Treatment to include: oral medication, physical therapy. A primary treating office visit dated 02/04/2015 reported subjective complaints of pain in the right elbow, forearm, and bilateral wrists. No change in the diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) times 12 to right elbow and right wrist: Upheld

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

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

Decision rationale: Based on the 11/19/14 progress report provided by treating physician, the patient presents with pain to right elbow/forearm, right wrist and left wrist. The request is for PHYSICAL THERAPY (PT) TIMES 12 TO RIGHT ELBOW AND RIGHT WRIST. No RFA provided. Patient's diagnosis on 11/19/14 included right elbow strain, and right/left wrist carpal tunnel syndrome. Physical examination on 11/19/14 and 02/04/14 revealed decreased sensation to light touch to the right index tip, right small tip, and right dorsal thumb. Treatment to date included physical therapy and medications. Patient medications included Norco and Omeprazole, per 03/05/15 progress report. The patient is temporarily totally disabled, per 12/29/14 treater report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.? MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per 11/19/14 treater report, the patient "has less numbness and tingling in her hands R/L since therapy. She wants to continue with physical therapy." Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history; there is no discussion of any flare-ups, explanation of why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. Furthermore, UR letter dated 04/02/15 states "the patient has completed 24 sessions of physical therapy to date." The request for 12 additional sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

Pain management follow up consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: Based on the 11/19/14 progress report provided by treating physician, the patient presents with pain to right elbow/forearm, right wrist and left wrist. The request is for PAIN MANAGEMENT FOLLOW UP CONSULT. No RFA provided. Patient's diagnosis on 11/19/14 included right elbow strain, and right/left wrist carpal tunnel syndrome. Physical examination on 11/19/14 and 02/04/14 revealed decreased sensation to light touch to the right index tip, right small tip, and right dorsal thumb. Treatment to date included physical therapy and medications. Patient medications included Norco and Omeprazole, per 03/05/15 progress report. The patient is temporarily totally disabled, per 12/29/14 treater report. ACOEM, second edition 2004 chapter 7, page 127 states that "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinees fitness for return to work. The requesting physician is an orthopedic and hand surgeon. Given patient's continued pain and symptoms, initial pain management consult would appear reasonable and indicated by guidelines." However, per 11/19/14 treater report, the patient had pain medicine consult on 11/06/14, and 02/04/15 progress report shows pain medicine visit on 01/22/15. It appears patient has attended pain management consult and follow up visits prior to authorization. There

is no documentation of what the treatment entailed, to warrant continued follow up visits. ACOEM guidelines allow for initial specialist consultations. Treater has not provided reason for the request, nor discussed intent for transfer of care. Therefore, the request IS NOT medically necessary.