

Case Number:	CM15-0077088		
Date Assigned:	04/28/2015	Date of Injury:	04/24/2014
Decision Date:	05/26/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 4/24/14. She reported initial complaints of repetitive movement type injury to bilateral wrists, elbows, hands/fingers, shoulders and neck and upper back. The injured worker was diagnosed as having left shoulder impingement syndrome; bilateral elbow tendinitis. Treatment to date has included physical therapy; Platelet Rich Plasma (PRP) injection right elbow (9/19/14); cortisone injection right lateral epicondyle; bilateral neoprene thumb spica braces. Diagnostics included x-rays bilateral shoulders (11/12/14); MRI left shoulder; MRI right shoulder (8/13/14); EMG/NCV upper extremities (2/10/15). Currently, the PR-2 notes dated 3/31/15 indicated the injured worker complains of bilateral shoulder, left elbow and bilateral wrist pain. Lab results were review for normal BUN, Creatinine and liver function tests. She is on Zipsor and must take it with food to minimize GI side effects. The physical examination of the bilateral shoulders reveals decreased range of motion. The bilateral elbow examination reveals range of motion 0-160 degrees with no laxity. Bilateral wrist reveals 70 degrees flexion with 70 degrees extension. The EMG/NCV report of 2/10/15 notes the impression as a normal study. The provider has requested Physical Therapy, 2 times weekly for 4 weeks, (8 sessions) for Bilateral Wrist/Elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times weekly for 4 weeks, (8 sessions) for Bilateral Wrist/Elbows:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical/Occupational Therapy guidelines for the hand and wrist.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic pain. Prior treatments have included physical therapy. When seen, she had ongoing bilateral shoulder, wrist and left elbow pain. There had been no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The additional physical therapy was not medically necessary.