MAXIMUS Federal Services

Case Number:	CM15-0093377		
Date Assigned:	05/20/2015	Date of Injury:	11/13/2012
Decision Date:	07/02/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/15/2015

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, Florida
Certification(s)/Specialty: Anesthesiology, 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:

This 27 year old woman sustained an industrial injury on 11/13/2012 due to cumulative trauma. Diagnoses include repetitive strain injury of the bilateral upper extremities, possible left cubital tunnel syndrome, and thoracic outlet syndrome. Treatment has included oral medications, PT, home exercise program and acupuncture. Physician notes dated 3/19/20125 show complaints of pain in the bilateral elbows, hands, forearms shoulder and neck pain. There are associated anxiety and mild depression associated with chronic pain syndrome. Recommendations include physical therapy and Relafen. It is noted that the worker has reached maximum medical improvement, has not indications for surgical intervention and is declared permanent and stationary. The last PT sessions completed more than 2 years ago had targeted the distal upper extremities. The records indicate that the requested PT was later modified to 6 sessions to target the proximal upper extremities and thoracic outlet region.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy Bilateral Wrist and Bilateral Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints page(s): 271-273, 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Shoulder Upper Extremities- Elbow, Wrist and Hand.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy treatments can be utilized for the treatment of exacerbation of musculoskeletal pain when conservative treatments with medications, exercise and behavioral modifications have failed. The records show that the patient had previously completed supervised PT and had progressed to a home exercise program. The records noted that the request was modified to 6 PT sessions to target the proximal upper extremities and thoracic outlet but this IMR request had remained for 12 PT sessions for the bilateral wrist and elbows. The criteria for 12 physical therapy (PT) sessions for bilateral wrist and elbows was not medically necessary.