

Case Number:	CM13-0047456		
Date Assigned:	12/27/2013	Date of Injury:	04/04/2012
Decision Date:	03/16/2015	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/02/2013

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, Arizona

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 53-year-old female who reported a repetitive strain injury on 04/01/2013. The current diagnoses include right moderate carpal tunnel syndrome, bilateral lateral epicondylitis, bilateral medial epicondylitis, and right shoulder tendonitis. The injured worker presented on 10/18/2013 with complaints of persistent pain. Previous conservative treatment includes physical therapy, medications, and injections. Upon examination, there was tenderness to palpation in the lower part of the cervical spine, pain over the medial and lateral epicondyles of the bilateral elbows, pain over the anterior aspect of the right shoulder, pain over the rotator cuff on the right, 25% reduction in flexion and abduction on the right, and decreased sensation along the median distribution on the right on the palmar aspect of the right hand. Recommendations at that time included 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS FOR BILATERAL UPPER EXTREMITIES.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. According to the documentation provided, the injured worker has been previously treated with a course of physical therapy. However, there was no documentation of the previous course of treatment with evidence of objective functional improvement. Therefore, the current request for additional treatment is not medically appropriate at this time.