

Case Number:	CM13-0005736		
Date Assigned:	03/21/2014	Date of Injury:	03/23/2012
Decision Date:	04/24/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a patient with a date of injury of 3/23/12. A utilization review determination dated 7/3/13 recommends non-certification of physical therapy as prior PT had been utilized after carpal tunnel release surgery and there was no documentation that PT of the left wrist was medically necessary. 7/24/13 medical report clarifies that PT was intended for the left elbow as the patient had received a cortisone injection, but was still symptomatic. Medial epicondylitis has been intractable to injection and other conservative measures. 5/23/13 medical report identified pain with flexion of the left elbow and pain extending into the forearm with heavy lifting. On exam, there was tenderness over the medial epicondyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK FOR 3 WEEKS FOR LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CARPAL TUNNEL SYNDROME, PHYSICAL MEDICINE TREATMENT,

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

Decision rationale: Regarding the request for physical therapy 2 x week for 3 weeks for left wrist, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, the provider has clarified that the physical therapy was intended for the elbow rather than the wrist, as the patient has pain with flexion of the left elbow, pain extending into the forearm with heavy lifting, and tenderness over the medial epicondyle despite corticosteroid injection. However, the request is noted to be for PT to the wrist and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Physical therapy 2 x week for 3 weeks for left wrist is not medically necessary.