

Case Number:	CM13-0014822		
Date Assigned:	12/11/2013	Date of Injury:	04/10/2013
Decision Date:	02/07/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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.

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 patient is a 57 year old female with a repetitive folding clothes injury on 04/10/2013. The patient had left cubital tunnel syndrome, bilateral wrist strain/sprain and bilateral epicondylitis. On 04/22/2013 the physical therapy note revealed that her bilateral forearm tenderness had improved. There were no objective measurements of range of motion or strength. On 04/26/2013 the physical therapy note was devoid of any objective measurements of range of motion or strength. On 04/30/2013 the physical therapy note revealed that she was doing wrist curls. There were no objective measurements of range of motion or strength. On 05/02/2013 she had tenderness of the right wrist and both forearms. However, there were no range of motion measurements and no real objective measurements in this physical therapy note. There were no measurements of strength. She had 9 physical therapy sessions of treatment prior to the 05/14/2013 review for additional physical therapy. On 05/13/2013 she continued to have bilateral elbow pain and wrist pain. However, the range of motion and strength of both wrists were normal. Carpal tunnel syndrome was not on the list of diagnoses that day or on 04/10/2103. Two elbow straps for epicondylitis were prescribed. She continued to have bilateral elbow pain with bilateral hand numbness (08/06/2013). The request is for 16 physical therapy sessions for the left wrist/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The request is for 16 sessions of physical therapy for the left wrist. There was no documentation of carpal tunnel syndrome. The listed diagnosis on the initial examination and repeat examination for the wrist is a wrist sprain/strain. Within the first month of the injury of 04/10/2013 - on 05/13/2013 she already had 9 physical therapy visits for her hand/wrist strain which is exactly the maximum number of physical therapy sessions in the 2014 ODG Guidelines for hand/wrist strain/sprain. The ODG guidelines provides for a maximum of 9 physical therapy sessions over an 8 week period. After those sessions there was no objective documentation of improvement. The only mention was decreased forearm tenderness but there was no measurement of range of motion or strength. She is past the 8 week period of continued physical therapy. The previous maximum allotted sessions of physical therapy provided no benefit. The request for additional physical therapy is denied as not consistent with the ODG guidelines. The ACOEM Guidelines recommend initial instruction by a physical therapist for a couple of therapy visits for a quick transition to a home exercise program. That was provided during the previous 9 therapy visits. The requested 16 sessions of physical therapy is not consistent with the ACOEM Guidelines. Again, for further physical therapy there must be documentation of functional improvement and by 05/13/2013 the range of motion and strength that was measured was normal. Thus, it is difficult to understand how further physical therapy would improve functionality.