

Case Number:	CM13-0043320		
Date Assigned:	12/27/2013	Date of Injury:	03/31/2009
Decision Date:	04/29/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/22/2013

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 and Rehabilitation, has a subspecialty in Sports Medicine 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:

The patient is a 47-year-old female patient with a work related injury reported on 03/31/2009. The mechanism of injury was not provided. In the PR-2 report dated 08/30/2013, objective findings were spasm and tenderness in the paracervical musculature, pain on motion. The examination revealed hypersensitivity to the medial epicondylar area and significant pain with palpation to the lateral epicondyle. Flexion of the right wrist aggravated the patient's chief complaint. Diagnoses were right median nerve compression status post right wrist carpal tunnel release, right ulnar nerve compression status post right ulnar release at the elbow, L4-5 and L5-S1 discopathy protrusion, right shoulder tendinopathy, discopathy, and spondylosis at C5-6 and status post right cubital tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY; EIGHT (8)SESSIONS TWO TIMES FOUR FOR THE RIGHT HAND: Upheld

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

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

Decision rationale: The California MTUS Guidelines state, "Passive therapy provides short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. A home exercise program is recommended. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530)." The request for physical therapy, 8 sessions (2 times 4) for the right hand is non-certified. The clinical information submitted for review failed to include clinical and objective findings of functional deficits. The patient reportedly had prior physical therapy which addressed only the right elbow. The California MTUS Guidelines do support physical therapy; however, the clinical information submitted for review did not indicate any significant functional or neurological deficits as well as an initial evaluation with treatment plan. As such, the request is non-certified.

URINALYSIS (RETROSPECTIVE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Opioids Page(s): 43,77.

Decision rationale: The California MTUS Guidelines state "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. Pain related assessment should include history of pain treatment and effect of pain and function. A written consent or pain agreement not required but effective to document physician to patient education and treatment plan." The request for the urinalysis, date of service 08/30/2013 is non-certified. Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs also a pain agreement. The information submitted for review failed to include a drug screen results as well as a pain agreement. As such, the request is non-certified.