

Case Number:	CM13-0058004		
Date Assigned:	12/30/2013	Date of Injury:	09/25/2012
Decision Date:	05/28/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/26/2013

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 Orthopedic Surgery, 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 55 year old female whose date of injury is 09/25/2012. The patient reported right hand pain from constant typing. Her diagnoses are right upper extremity pain, carpal tunnel syndrome and right lateral epicondylitis. EMG/NCV dated 11/12/12 revealed electrodiagnostic evidence of a mild severity right median neuropathy consistent with carpal tunnel syndrome. The patient underwent right carpal tunnel release and flexor tenosynovectomy and median nerve internal neuroplasty on 03/28/13 and completed at least 10 postoperative physical therapy visits. An MRI of the right elbow dated 06/20/13 revealed linear signal within the anterior aspect of the common extensor tendon insertion probably due to mild tendinitis; small joint effusion. Physical exam reveals right forearm tenderness, full range of motion, normal sensation and well-healed surgical incision. There is tenderness of the extensor tendons. The patient was rendered permanent and stationary by her treating physician on 06/27/13. An MRI of the right forearm dated 10/18/13 is a normal study. A progress report dated 10/17/13 indicates that the patient continues to utilize Tramadol for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 WEEKS FOR THE WRIST/ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: According to the medical records provided for review, the patient underwent right carpal tunnel release on 03/28/13 and completed at least 10 postoperative physical therapy visits. There is no clear rationale provided to support ongoing physical therapy at this time. Imaging studies of the right upper extremity are grossly unremarkable. The patient's compliance with an active home exercise program is not documented. There are no specific, time-limited treatment goals provided. Consequently, the request is not medically necessary and appropriate.