

Case Number:	CM14-0015041		
Date Assigned:	02/28/2014	Date of Injury:	03/26/2008
Decision Date:	08/06/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/06/2014

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 Occupational 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 68-year-old female who has submitted a claim for bilateral carpal tunnel syndrome with ulnar neuropathy, and bilateral trigger fingers associated with an industrial injury date of March 26, 2008. The medical records from 2012-2014 were reviewed. The patient complained of bilateral elbow pain, more on the left. The pain radiates up into the medial epicondyle and humerus. There was also pain and stiffness on her hands, worse with cold weather. Physical examination showed good range of movement. There were no acute neurologic changes and no gross instability. The overlying skin of the hands looks good, but with mild swelling. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, home exercise program, activity modification, finger steroid injections, trigger finger release, carpal tunnel release. A utilization review, dated February 3, 2014, denied the requests for PT/OT (x18) to wrist, fingers and treatment to (L) elbow because there was lack of clinical information regarding the patient's objective findings and functional limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY/OCCUPATIONAL THERAPY (X18) TO WRIST AND FINGERS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Section, Physical/occupational therapy.

Decision rationale: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, Official Disability Guidelines (ODG) states that for carpal tunnel syndrome, physical therapy of 1-3 visits over 3-5 weeks is recommended with fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. In this case, patient still has pain and stiffness on both hands. The patient previously underwent an unknown number of physical therapy sessions since 2012. There was no documentation of the previous physical therapy visits and there was no description regarding objective benefits derived from these sessions or a treatment plan with defined functional gains and goals. It was also not documented why additional physical therapy for the wrists and fingers is needed. Recent progress reports did not document any acute exacerbation or flare-up of symptoms. Patient is also expected to be well-versed in a self-directed home exercise program by now. Moreover, the present request would exceed the recommended number of treatment sessions. Therefore, the request for Physical Therapy/Occupational Therapy (x18) to wrist and fingers is not medically necessary.

TREATMENT OF LEFT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, and Medications for Sub-acute and Chronic Pain.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. It states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. In this case, patient complained of bilateral elbow pain, more on the left. Objective findings for the left elbow were not available on the medical records submitted for review. Furthermore, the present request failed to specify the particular treatment to be requested for this patient. The medical necessity has not been established due to non-specificity of the request. Therefore, the request for treatment of left elbow is not medically necessary.

