

Case Number:	CM14-0018971		
Date Assigned:	04/23/2014	Date of Injury:	03/21/2013
Decision Date:	07/03/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/14/2014

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 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:

The injured worker is a 33 year old female who reported an injury on 03/21/2013. The mechanism of injury was reported as repetitive typing and mousing. The injured worker's complaints were numbness in the right fourth and fifth fingers and pain in the forearm. The objective findings were no tenderness to palpation of the medial or lateral epicondyles, range of motion of the elbow was full without pain, Tinel's test was negative and the medial and lateral elbow. Her motor and sensory examination was intact. Examination of the right forearm revealed no evidence of defect or atrophy. There was no tenderness to palpation and range of motion was full through pronation and supination. Her motor and sensory exam was intact. The x-ray of the right hand and wrist were negative for acute changes. She was given instructions to avoid resting her elbow and wrist on a firm surface, she was provided a soft wrist wrap, biofreeze and a gel pad for periodic cold and heat. She was instructed in a daily exercise program and referred to hand therapy and she was given a return to work with regular duty. A physician's progress report dated 05/06/2013 found the injured worker still had pain in the wrist and constant numbness in the right fourth and fifth fingers. She had completed 6 hand therapy visits without improvement. She was encouraged to participate in active release therapy and stretching every 30 minutes. A physician's progress report on 06/03/2013 found that after another 6 physical therapy visits the injured worker reported improved temporary relief of her symptoms, however after a few hours after therapy her symptoms returned. She continues to complain of pain over the medial aspect of the right elbow, right wrist and numbness and tingling in the little and ring finger. The physical examination on this date is within normal limits including negative Tinel's, negative Phalen's and negative Finkelstein's test. An electrodiagnostic test demonstrated mild neuropathy of the ulnar nerve at the elbow consistent with cubital tunnel syndrome. Diagnostic studies on 06/19/2013 find with nerve conduction

study and electromyographic study; there was mild entrapment of the ulnar nerve across the right elbow with very mild slowing of nerve conduction velocity. There was no electrophysiological evidence to support motor radiculopathy in the right upper extremity. A State of California Division of Workers Compensation Request for Authorization for Medical Review was signed on 01/10/2014 and submitted with the documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 X 3 FOR THE RIGHT WRIST: Upheld

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

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

Decision rationale: The request for additional physical therapy two times a week for three weeks for the right wrist is not medically necessary. The injured worker has had at least 12 visit of physical therapy without improvement. The CA MTUS guidelines indicate that there must be documented improvement with physical therapy and a reduction in visits with more emphasis on home exercises. Due to lack of documentation to support that physical therapy is improving the injured worker's symptoms, the request is not medically necessary.

HOME CERVICAL TRACTION TRIAL FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Neck And Upper Back, Traction.

Decision rationale: The request for home cervical traction trial for the neck is not medically necessary. The injured worker does not have any documentation furnished for this review to indicate cervical injury. The Official Disability Guidelines concluded that cervical traction is recommended to treat cervical radiculopathy using greater than 20 lbs intermittent force. The documentation submitted fails to prove cervical radiculopathy. Therefore, the request is not medically necessary.