

Case Number:	CM14-0019280		
Date Assigned:	04/21/2014	Date of Injury:	11/17/2010
Decision Date:	07/02/2014	UR Denial Date:	02/04/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 32 year old female who reported an injury on 11/17/2010 secondary to falling down a flight of stairs. Subsequently, she was treated with an unknown duration of physical therapy and acupuncture therapy, and she underwent a right ulnar nerve transposition in 04/2013 according to the medical records submitted for review. The injured worker began post-operative physical therapy on 05/15/2013 and attended at least 5 sessions. The injured worker began an additional course of physical therapy for the elbow on 09/06/2013 with a diagnosis of right medial epicondylitis and attended at least 6 sessions. A nerve conduction study of the right upper extremity on 11/11/2013 revealed a borderline sensory median nerve compromise at the right wrist. An EMG of the right upper extremity on the same date was normal. The injured worker began physical therapy for the right shoulder on 10/25/2013 attended at least 4 sessions. It was noted that no improvement in range of motion or symptoms was achieved as of the physical therapy note on 01/07/2014. The injured worker was evaluated on 01/15/2014 and reported right shoulder and elbow pain with tingling in the 3rd and 4th fingers. On physical examination, she was noted to have tenderness over the medial and lateral epicondyles and a positive Tinel's sign over the ulnar nerve. She was also noted to have a positive Tinel's sign over the carpal tunnel and a positive Phalen's test. Diagnoses included right lateral and medial epicondylitis, right distal biceps strain, and right carpal tunnel syndrome. A request for authorization was submitted on 01/28/2014 for physical therapy three times per week for four weeks for the right wrist/elbow. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X 4 ON THE RIGHT WRIST/ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The injured worker underwent a right ulnar nerve transposition in 04/2013. She attended at least 5 sessions of post-operative physical therapy and an additional 6 sessions for a diagnoses of epicondylitis. Physical exam findings and diagnostic studies suggest that the injured worker should be treated for carpal tunnel syndrome and may benefit from physical therapy for the right wrist. However, California MTUS Guidelines recommend at total of 10 sessions of physical therapy. The injured worker has attended at least 6 sessions of physical therapy for the right elbow, and the actual duration is unknown based on the medical records provided. The request for 12 additional sessions for the right elbow exceeds the duration of physical therapy recommended by evidence-based guidelines. There are no exceptional factors documented to warrant 12 additional physical therapy sessions for the elbow. As such, the request for physical therapy three times per week for four weeks for the right wrist/elbow is not medically necessary.