

Case Number:	CM14-0161036		
Date Assigned:	10/06/2014	Date of Injury:	09/29/2010
Decision Date:	11/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/30/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 50 year old female with date of injury of 9/29/2010. A review of the medical records indicate that the patient is undergoing treatment for right elbow lateral epicondylitis, synovitis, tenosynovitis, and radial styloid synovitis. Subjective complaints include continued pain (7/10 without medications) and numbness/tingling in her right hand, wrist, and elbow. Objective findings include decreased range of motion of the right wrist, right thumb, and right elbow, positive Cozen and Finklestein's signs; ultrasound showing tendon thickening in the right wrist with ulnar neuritis. Treatment has included physical therapy, acupuncture, brace, ice/heat, steroid injections, Tylenol #3, and Zanaflex. The utilization review dated 9/4/2014 partially-certified 8 sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative eight (8) physical therapy sessions for right hand, wrist and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow/Wrist (Acute & Chronic), Physical therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The MTUS Post-Surgical Guidelines recommend up to 14 visits over 12 weeks, with a trial period of 7: ""Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth." As such, the request for 8 physical therapy sessions to the right hand, wrist, and elbow is not medically necessary.