

Case Number:	CM14-0167205		
Date Assigned:	10/14/2014	Date of Injury:	01/22/2013
Decision Date:	11/17/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal 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 injured worker (IW) is a 31 year-old female who has worked as a court reporter for approximately 8 years. She sustained an industrial injury on January 22, 2013 to her right upper extremity, particularly her wrist and forearm. The IW picked up a cart going through the door and the wheel fell off the cart and the cart fell on her forearm. She was diagnosed with right elbow epicondylitis and right wrist deQuervain's tenosynovitis, and possible carpal tunnel syndrome, right wrist. The IW has completed 24 physical therapy (OT) visits to date. On November 18, 2013, the IW reported that her wrist was feeling better. A home exercise program was reviewed. A progress report dated October 23, 2013 documented that the IW had right wrist and elbow flare up due to therapy. On examination, the IW had tenderness at the first dorsal compartment with positive swelling and positive Finklestein's. The IW had right elbow tenderness at the epicondyle. The provider recommended continued physical therapy or occupational therapy 3 times a week for 6 weeks. The IW had tennis elbow release, which had been previously approved. The IW was prescribed a heating pad as of December 4, 2013. A progress noted dated February 26, 2014 indicated that the IW states that her right wrist and elbow are having increased pain and soreness. She would like to go to therapy. Objective findings are positive for swelling and Finkelstein's. There is tenderness of the right elbow epicondyle and first dorsal compartment. X-rays were taken of the right humerus, wrist, hand forearm, and elbow. No acute changes. Prescription is given for PT (physical therapy) 3 times a week for 6 weeks. Authorization is requested for MRI right wrist/elbow to r/o internal derangement. The IW declines injection. Right tennis elbow is authorized. Work status is modified with restrictions. The IW has already been authorized for 12 physical therapy visits, without evidence of significant improvement in pain or function. The IW was re-evaluated on May 21, 2014. She states that her wrist and forearm are cramping on her and causing more pain,

which is worse with activities. X-rays show no acute changes. Objective findings are the same with no acute changes. The IW is encouraged to wear her tennis elbow brace. A right tennis elbow release is authorized. She declines. Home exercises are recommended as directed. Pursuant to A qualified medical evaluation dated June 24, 2014, it is the provider's opinion that the IW is able to return to work at modified duty. The IW was evaluated again on July 16, 2014, at which time she complained of swelling and pain especially with grasping. Examination demonstrates positive swelling, positive Finkelstein's and tenderness of the first dorsal compartment. Injection was offered but the IW declines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3x6 for the right elbow and wrist: Upheld

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

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

Decision rationale: Pursuant to the California MTUS Chronic Pain Treatment Guidelines, passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain inflammation and swelling and improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial to restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Patients are instructed to continue active therapy at home as an extension of the treatment process. The use of active treatment modalities (exercise, education, activity modification) instead of passive treatments is associated with better clinical outcomes. Allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical medicine. In this case, the medical documentation for additional physical therapy is not apparent from the medical records and consequently, additional physical therapy is not medically necessary. The medical records show the injured worker completed 24 sessions of physical therapy. She was recently authorized for six of those sessions on August 12, 2014 to address her current symptoms and reeducate her in an independent home exercise program. Despite an extensive physical therapy regimen, however, there is minimal to no evidence to suggest significant improvement in pain or function in the hand and elbow to date. In a progress note dated September 3, 2014, the treating physician indicated injured worker had been having increasing pain in her hand and elbow as a result of restarting physical therapy. Recommendations include home exercise as directed. After 24 sessions of physical therapy, it would be reasonable to expect that the injured worker is very well-versed in home exercises and stretches for her wrist and elbow. Additionally, pursuant to the Chronic Pain Medical Treatment Guidelines she would be expected to continue active therapy at home as an extension of the treatment process. Based on the clinical information in the medical record in the peer-reviewed, evidence-based guidelines physical therapy sessions three times per week for six weeks for the right elbow and wrist are not medically necessary.