

Case Number:	CM14-0169028		
Date Assigned:	10/17/2014	Date of Injury:	03/28/2013
Decision Date:	11/19/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 70 year old female with a date of injury on 3/28/2013. There is an orthopedic evaluation from 6/14 indicating the worker had numbness and tingling in the ring and small fingers of both hands, along with wrist and hand pain. The worker stated she needed to shake her hands out to regain sensation. On exam, there was tenderness over the medial aspect of both elbows with full range of motion. There was dysesthesia of the ulnar nerve at the cubital tunnel with a positive Tinel's sign. A diagnosis of cubital tunnel syndrome of both elbows was made, and recommendation was made for physical therapy to regain strength and build flexibility. There is a 9/18/14 follow up note indicating that the worker related that she was doing the same, "with aching and soreness and weakness and instability" in the arms. Comment is made that physical therapy appears to be helping but "she is almost out of visits." Comment is made that there is instability and restriction in range of motion, but this is not identified via exam findings or quantified in any way. Request was made for more physical therapy as well as narcotic analgesics.

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 bilateral elbow: Upheld

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

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, Pain (Chronic), Physical Medicine Treatment

Decision rationale: The injured worker has a diagnosis of cubital tunnel of the elbows. The worker has completed an unknown amount of therapy to the elbows with what appears to be very little benefit. No physical therapy progress notes or treatment notes are provided. We are told the worker still has severe pain, weakness, and instability (although these latter two were not addressed or seemingly present at her initial evaluation) despite therapy. There appears to be the addition of a narcotic opiate analgesic. There is comment that there is restriction in range of motion, but this is not addressed further, and was not present at the injured worker's initial evaluation. The available data does not indicate that the worker has progressed with physical therapy. There is no reference to a home exercise program, either. Given the available data and the clinical guidelines, the request for more therapy is not seen to be medically necessary.