

Case Number:	CM14-0170185		
Date Assigned:	10/20/2014	Date of Injury:	03/04/2011
Decision Date:	12/24/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/15/2014

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, has a subspecialty in Interventional Spine Pain Management 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 patient is a 54-year-old female with an injury date of 03/04/11. Based on the 07/16/14 progress report, the patient complains of neck pain rated 4/10 that radiates to the bilateral upper extremities extending to the hands, and lower back pain rated 3/10 that radiates to the bilateral lower extremities extending to the toes. Prolonged sitting exacerbates the pain and medications significantly decrease the pain. Based on the 09/18/14 report, the patient complaints of ongoing pain in the upper extremities ranging between 3-7/10 with limitations of ADLs. Positive findings from this visit were limited right shoulder ROM, positive Phalen and Tinel signs, positive Finkelstein, and limited ROM of wrist. Provider is requesting "Physical therapy for upper extremities 3 x a week for 4 weeks," per progress report dated 09/18/14. Per provider report dated 07/16/14, the patient had 8 sessions of physical therapy since her left wrist and elbow surgery May 2014. The patient's work status is permanent and stationary as of 02/13/14. Surgeries/diagnostic tests: Left wrist and elbow surgery: Left carpal tunnel release and left cubital tunnel release 05/05/14; EMG 01/23/14: Left ulnar neuropathy at the elbow and Right shoulder arthroscopic subacromial decompression/ distal clavicle resection 08/21/13 Diagnoses 09/18/14 are: Status post right shoulder arthroscopic subacromial decompression/ distal clavicle resection with scope on 08/21/13; Left ulnar neuropathy at the elbow; Carpal tunnel complaints, bilateral wrists and hands; Bilateral wrist flexor tenosynovitis; Left elbow lateral epicondylitis; Bilateral wrist and hand cysts and Status post left carpal tunnel release and left cubital tunnel release. The utilization review determination being challenged is dated 10/02/14. The rationale is modified to work conditioning physical therapy program for upper extremities, wrists/hands only QTY: 6.00." Treatment reports were provided from 07/16/14 - 09/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning Physical Therapy Program for upper extremities (visits) QTY: 12:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Conditioning (WC) Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125 and 126.

Decision rationale: Patient presents with neck pain rated 4/10 that radiates to the bilateral upper extremities extending to the hands, and lower back pain rated 3/10 that radiates to the bilateral lower extremities extending to the toes. The request is for Work Conditioning Physical Therapy Program for Upper Extremities (visits) QTY: 12. Patient is status post left carpal tunnel release and left cubital tunnel release. Diagnosis dated 09/18/14 included left ulnar neuropathy at the elbow, bilateral wrist flexor tenosynovitis, left elbow lateral epicondylitis. Regarding work hardening, MTUS p125 require a defined work goal agreed by the employer & employee, a specific job to return to, worker no more than 2 years past date of injury. In this case, the date of injury is from 2011, and there is no documentation that the patient has a job to return to. Therefore, this request is not medically necessary.