

Case Number:	CM14-0175013		
Date Assigned:	10/28/2014	Date of Injury:	01/03/2012
Decision Date:	12/10/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/22/2014

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 Orthopedic Surgery 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:

Patient is a 42-year-old female who has submitted a claim for status post trigger finger release of the right, status post left carpal tunnel release, right tennis elbow, and status post right wrist arthroscopy associated with an industrial injury date of 1/3/2012. Medical records from 2014 were reviewed. Patient complained of bilateral wrist pain aggravated with increased pain, grasping, and squeezing. Pain was rated 5/10 in severity. Physical examination showed a grip strength of 12/12/14 kg on the right and 14/16/16 kg on the left. Tenderness was noted over the right lateral epicondyle with soft tissue thickening. Mill's test was positive on the right. A range of motion of the right elbow towards extension was -10 degrees and 70 degrees towards supination. Treatment to date has included right trigger finger release, left trigger finger release, left carpal tunnel release, arthroscopic triangular fibrocartilage complex debridement and percutaneous release of right epicondyle on 7/14/2014, 6 physical therapy sessions, and medications. Patient had slow progress in physical therapy due to significant pain. Patient had started performing home exercises. Progress report from 9/16/2014 stated that patient was given additional 8 sessions of physical therapy. A utilization review from 10/17/2014 denied the request for physical therapy 2xwk x 3wks, right elbow. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk X 3wks, Right Elbow: Upheld

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

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient underwent arthroscopic triangular fibrocartilage complex debridement and percutaneous release of right epicondyle on 7/14/2014. Patient completed 6 physical therapy sessions but had a slow progress due to significant pain. A progress report from 9/16/2014 stated that patient was given additional 8 sessions of physical therapy. However, it is unclear why 6 sessions are being requested at this time when patient has yet to complete the 8 additional therapy sessions. Moreover, patient has started performing home exercises. It is unclear why a supervised therapy program is necessary given the extensive number of therapy sessions authorized to her. Therefore, the request for physical therapy 2xwk x 3wks, right elbow is not medically necessary.