

Case Number:	CM14-0179483		
Date Assigned:	11/03/2014	Date of Injury:	05/17/2010
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a female patient with a date of injury of May 17, 2014. A utilization review determination dated October 14, 2014 recommends non-certification of therapeutic exercise/chiro modalities 2x3 weeks followed by re-exam for the right wrist/elbow. A progress note dated October 2, 2014 identifies subjective complaints of the patient being status post a right carpal tunnel release/right cubital tunnel decompression on May 19, 2014. The patient describes pain persisting as a 4 on a scale of 1-10, and the pain involves the lateral aspect of her right elbow near the incision site. The patient also describes pain when she carries weight 5-10 pounds, this action tends to spike the right upper extremity pain. The patient has continued difficulty in torquing, unable to open a screw top lid, and is unable to open a bag of chips. The patient has improved subjectively with reduction in pain and improved strength, but she has not yet reached MMI. Physical examination reveals tenderness of the right hand over the incision site as well as over the lateral aspect of the right elbow, deep tendon reflexes biceps/triceps 1/4 right and left, and pinwheel pinprick of upper extremities is normal. The diagnoses include tendinitis and lateral epicondylitis. The treatment plan recommends the request for authorization for therapeutic exercise 2x3 followed by re-examination. The treatment goal is to further increase range of motion of the involved body parts, strength, endurance arriving at MMI/P&S level of recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic exercise/ Chiro modalities 2x3 weeks followed by re exam for right wrist / elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation/ Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 200; 265, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58-60, Postsurgical Treatment Guidelines Page(s): 8-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy and Carpal Tunnel Syndrome, Physical Therapy

Decision rationale: Regarding the request for therapeutic exercise/chiro modalities 2x3 weeks followed by re-exam for the right wrist/elbow, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Regarding chiropractic care, the guidelines do not recommend chiropractic care for the forearm, wrist, and hand. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested therapeutic exercise/chiro modalities 2x3 weeks followed by re-exam for the right wrist/elbow is not medically necessary.