

Case Number:	CM14-0029533		
Date Assigned:	06/16/2014	Date of Injury:	07/20/2012
Decision Date:	07/31/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/07/2014

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, and is licensed to practice in Illinois. 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 47-year-old female who reported an injury on 07/20/2012 caused by packing heavy boxes. On 07/03/2012, the injured worker underwent a left wrist arthroscopy. On 07/27/2012, the injured worker underwent an x-ray of the right elbow that revealed coronoid process spur. On 01/20/2014, the injured worker complained of pain in the right elbow primarily over the lateral aspect of the elbow. It was noted that the pain traveled to the right forearm and right thumb with intermittent numbness and tingling in the thumb. The injured worker had difficulty pinching, gripping, and grasping activities with her right hand. On the physical examination, there was no evidence of external swelling or deformity. There was tenderness noted over the first dorsal compartment with positive Finkelstein's test. She had tenderness over the right dorsal wrist over the second and third dorsal compartments. There was myofascial tenderness noted over the right elbow. The examination of the left elbow revealed tenderness over the lateral epicondyle and resistive wrist extension had increased pain over the lateral elbow. Medications included Voltaren gel and gabapentin 300 mg. The diagnoses included right thumb extensor tendonitis with persistent symptoms and right elbow lateral epicondylitis. The injured worker continued to work a manufacturing specialist with permanent work restrictions. The plan was for a decision on physical therapy for the right hand and elbow pain. The request for authorization was submitted on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for right hand and elbow pain QTY: 6.00: Upheld

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

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

Decision rationale: The request for physical therapy for the right hand and elbow QTY 6.00 is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines states those physical medicines provides short-term relief during the early phases of pain treatment, and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. It can be used sparingly with active therapy to help control swelling, pain, and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include with or without mechanical assistance or resistance in functional activities with assistive devices. The documentation provided on 01/20/2014 does not have any functional impairment noted. On the request, that was submitted lacked which elbow required physical therapy. In addition, there was no conservative care measures listed for the injured worker, such as home exercise regimen. Given the above, the request for physical therapy is not medically necessary.