

Case Number:	CM14-0031320		
Date Assigned:	04/09/2014	Date of Injury:	02/01/2010
Decision Date:	05/28/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family Medicine and is licensed to practice Arizona. 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 50 year old female with a date of injury on 2/10/2010. Patient has ongoing symptoms in the bilateral elbow, wrist and hand. Patient is status post right elbow surgery in 2012 and right carpal tunnel release on 6/11/13, and left carpal tunnel release on 10/10/13. After surgery patient underwent 12 sessions of therapy for the left wrist. Subjective complaints are of pain at the medial left elbow. Physical exam showed tenderness over the lateral right elbow, exquisite tenderness of the left medial elbow, and slight tenderness of the left lateral elbow. Patient had a prior left elbow MRI in 2010 that showed an abnormality of the common extensor tendon. Documentation shows patient had a left medial epicondylar cortisone injection in 1/14. Request is for physical therapy for 8 sessions and a left-elbow MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OP THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines recommend 3-8 visit over 3-5 weeks for physical therapy after carpal tunnel surgery. The current request is for 8 additional visits, which would exceed guideline recommendations. Therefore, the request for additional post-operative therapy twice a week for four weeks for the left wrist is not medically necessary and appropriate.

MRI OF THE LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: ACOEM/MTUS Guidelines recommend elbow imaging when the imaging study will substantially change the treatment plan, the emergence of a red flag symptom, evidence of significant tissue insult or neurological dysfunction, or failure to progress in a rehabilitation program. In this case, the patient does not have evidence of a red flag symptom, or evidence of significant tissue insult or neurological dysfunction. Patient recently had a cortisone injection, and rationale for advanced imaging before assessing response to injection is unclear. Furthermore, patient has had prior investigation with an MRI in 2010, and repeat MRI would not likely yield different results. Therefore, the request for MRI of the left elbow is not medically necessary and appropriate.