

Case Number:	CM14-0035953		
Date Assigned:	06/23/2014	Date of Injury:	07/12/2013
Decision Date:	11/17/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in 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 37 year old female who sustained a work related injury on 07/12/13 as result of repetitive strenuous activities. On the most recent progress reports is documented complaint of right axillary and posterior arm, right elbow and wrist pain and nighttime numbness in the right hand, potentially involving all five fingers. The nocturnal numbness is partially improved with night splint use. Physical examination of the cervical region identifies an absence of tenderness to palpation and normal range of motion. The right upper extremity exhibited tenderness laterally at the elbow with a normal range of motion. A positive Phalen's was found on the right, whereas Tinel's was negative at the ulnar nerve at the elbow and median nerve at the wrist. An electrodiagnostic study dated 09/03/13 confirms the diagnosis of both cubital and carpal tunnel syndromes. In dispute is a decision for additional physical therapy 3 X 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & hand Official Disability Guidelines (ODG) Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 11-12, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Cubital tunnel syndrome

Decision rationale: In general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. The ODG guidelines authorizes a total of 14 visits over an 8 week period. The patients planned pregnancy is a known exacerbator and initiator of carpal tunnel syndrome because total increase in body fluids. The patient has previous completed a full round of physical therapy for the above condition without much in the way of improvement in functionality of pain reduction. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.