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| Case Number: | CM14-0048051 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 12/05/2013 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 04/02/2014 |
| Priority: | Standard | Application Received: | 04/16/2014 |

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 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 57 year-old patient sustained an injury on 12/5/13 from pulling a pallet that got stuck and fell to the ground while employed by [REDACTED]. Request(s) under consideration include 8 sessions of physical therapy (2x4) for the left elbow and left wrist. Diagnoses include lumbar facet hypertrophy/ disc protrusion/ radiculopathy/ facet hypertrophy; left elbow neuralgia/ sprain/strain; left CTS (carpal tunnel syndrome)/ sprain/strain; anxiety; depression; loss of sleep; irritability; nervousness; hypertension; and elevated blood pressure. Reports from the chiropractic provider noted the patient with elbow and wrist symptoms. Exam showed left wrist with limited range of flexion/extension/radial deviation/ulnar deviation of 40/40/15/20 degrees; painful but full left elbow range; tenderness to palpation of lateral/medial/volar wrist. The patient has completed at least 9 prior physical therapy sessions. MRI of left wrist dated 1/14/14 noted mild osteonecrosis of carpal bones; no fracture/ abnormal fluid; hypertrophic changes in first metacarpal bone. MRI of left elbow dated 1/14/14 showed hypertrophic changes of proximal radius and ulnar and no evidence of fracture or abnormal fluid. Report of 4/4/14 from the orthopedic provider noted radiating lumbar spine pain rated at 7/10 with intermittent left elbow and left wrist pain. Exam showed ambulating with normal gait; heel and toe walk; elbow/forearm with positive left provocative testing; tenderness on palpation; normal elbow/forearm range; wrists with tenderness and limited left wrist range; lumbar spine with positive SLR (straight leg raise), intact motor and sensory. Diagnoses included left wrist sprain; left elbow medial epicondylitis; right sided L5-S1 disc protrusion with discogenic back pain and radiculopathy. Treatment recommendation include LESI and facet injections; left wrist brace and elbow injection. Request(s) for 8 sessions of physical therapy (2x4) for the left elbow and left wrist was non-certified on 4/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy 2 times a week for 4 weeks for the left elbow and left wrist:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264, Postsurgical Treatment Guidelines.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous PT including milestones of increased ROM (range of motion), strength, and functional capacity. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for PT without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. The 8 sessions of physical therapy (2x4) for the left elbow and left wrist is not medically necessary and appropriate.