

Case Number:	CM14-0062376		
Date Assigned:	07/11/2014	Date of Injury:	09/29/2009
Decision Date:	10/03/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/05/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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:

Patient is a 57-year-old female with a 09/29/09 date of injury to the right wrist. On 01/27/14, [REDACTED] indicated in follow-up that the claimant doing worse in regards to the right elbow with increasing pain when doing reaching and grasping. She reported difficulty in the performance of work activities. She reported trying icing and had not been using the brace as it did not impact ability to do her job. On physical exam there was tenderness at the common extensor origin and the course of the posterior interosseous nerve with some discomfort on resisted handshake. ROM on extension 0 degrees, flexion 135 degrees, forearm pronation and supination 80 degrees. With the evidence of radial tunnel irritation and lateral epicondylitis, 6 sessions of OT with continued icing and bracing were recommended. A corticosteroid and local anesthetic injection was provided to the lateral epicondyle and exacerbated her pain. 02/12/14 report notes decreased tone throughout the cervical paraspinals, focal right arm tenderness along the radial nerve, and discomfort with handshake testing. It was noted that the prior electrical study on 03/29/10 was negative and a repeat study was recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times six (6) Right Upper Extremity (RUE) (wrist): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface Physical Therapy Guidelines (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgra

Decision rationale: The complaints and findings are essentially the same for reports from 01/27/14 to 04/02/14. Included are occupational therapist's notes which are handwritten and poorly legible. Yet, 3/10/14 Assessment section "A" in the OT note states "good tolerance but pain/symptoms easily elicited." The medical records provided indicate the lack of objective measurable improvement from occupational therapy sessions, therefore the guidelines do not support additional occupational therapy visits. Therefore, this request is not medically necessary.