

Case Number:	CM14-0069274		
Date Assigned:	07/14/2014	Date of Injury:	03/31/2011
Decision Date:	08/14/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/14/2014

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 58-year-old female with a reported date of injury on 03/31/2011. The mechanism of injury was noted to be due to repetitive motion. Her diagnoses were noted to include;degenerative disease to the cervical spine with chronic neck and upper back pain, bilateral ulnar neuritis at the elbows status post anterior transposition on the right and left, bilateral lateral epicondylitis, and bilateral carpal tunnel syndrome status post surgery on the right and left. Her previous treatments were noted to include, surgery, physical therapy and medications. The progress note dated 6/17/2014 revealed she had intermittent numbness and tingling in the hands. The physical examination of the left elbow and wrist revealed full range of motion. There was tenderness about the elbow and wrist and no specific numbness was noted. There was some mild weakness and tenderness noted about the right elbow and right wrist consistent with aggravation caused by increased use. The provider indicated the injured worker has had at least 9 visits of physical therapy. The request for authorization form was not submitted within the medical records. The request is for physical therapy postoperative, 2 times a week times 4 weeks to the left elbow and wrist #8, however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Post Operative 2XWeek X4 Week ,left elbow and wrist #8: Upheld

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

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

Decision rationale: The request for physical therapy postoperative, 2 times a week for 4 weeks, to the left elbow and wrist #8, is not medically necessary. The injured worker received at least 9 sessions of physical therapy in 05/2014. The postsurgical treatment guidelines recommend 4 carpal tunnel syndrome, 3 to 8 visits over 3 to 5 weeks. The postsurgical guidelines for cubital tunnel release recommend 20 visits over 3 months. The provider indicated during the 06/2014 progress note, that the injured worker was continuing in physical therapy. There is a lack of documentation regarding current measurable objective functional deficits with regards to range of motion and motor strength, as well as quantifiable objective functional improvements from previous physical therapy and the number of sessions completed. Additionally, the physician indicated the injured worker had full range of motion to her left elbow and wrist. The request for additional physical therapy to the left wrist exceeds guideline recommendations for carpal tunnel syndrome. Therefore, the request is not medically necessary.