MAXIMUS Federal Services

Case Number:	CM14-0097185		
Date Assigned:	07/28/2014	Date of Injury:	04/18/2013
Decision Date:	08/28/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 is a 61-year-old female who sustained a vocational injury on 4/18/13 when she tripped and fell. The medical records provided for review document the current working diagnoses includes right elbow internal derangement, bilateral carpal tunnel syndrome, and right wrist and left wrist internal derangement. The report of the office visit on 6/4/14 noted complaints of right elbow, bilateral wrist and hand pain. On examination, light touch sensation was intact in the right index finger distal aspect, right dorsal thumb webspace, and right small finger distal portion. The report of the MRI of the left wrist performed on 5/3/14 showed mild extensor carpi ulnaris tendinosis, ganglion cyst volar to the radiocarpal joint space, and mild degenerative changes of the lunate. The report of the MRI of the right wrist performed on 5/3/14 showed mild degenerative changes of the distal pole of the lunate, mild extensor carpi ulnaris tendinosis, and ganglion cyst volar to the radiocarpal joint space. The records document that the claimant attended formal physical therapy in October 2013; however, the quantity of visits attended is not documented. This request is for twelve sessions of physical therapy for the right elbow and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for six (6) weeks, right elbow, right /left wrist: Upheld

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

MAXIMUS 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) Treatment in Worker's Comp; 18th Edition; 2013 Updates; Carpal Tunnel chapter and Forearm, Wris and Hand Chapter.

Decision rationale: The Chronic Pain Guidelines recommend limited physical therapy when there is a flare of symptoms. The documentation presented for review fails to establish that the claimant is having a flare of symptoms or that there are significant physical exam objective findings or ongoing subjective complaints that interfere with activities of daily living, quality of life, as well as functional and vocational activities supporting the medical necessity for the requested additional formal therapy. Documentation also fails to quantify the amount of therapy that the claimant has received to date or that there has been significant subjective and quantifiable objective improvement from previous therapy establishing the medical necessity of continued therapy for the right elbow and bilateral wrists. Based on documentation presented for review and in accordance with California MTUS Chronic Pain and Official Disability Guidelines, the request for additional physical therapy for the right elbow and bilateral wrists is not medically necessary and appropriate.

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg Chapter, Transportation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: There is a lack of documentation supporting the request for transportation as there is no documentation that the claimant is unable to operate a vehicle or is incapable of using public transportation. California ACOEM Guidelines state that claimants must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states. Based on the documentation presented for review and in accordance with California MTUS/ACOEM Guidelines, the request for transportation is not medically necessary and appropriate.