

Case Number:	CM14-0193756		
Date Assigned:	12/01/2014	Date of Injury:	02/01/2014
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal Medicine, 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:

The patient is an injured worker with with the diagnoses of right wrist, hand, and elbow sprain and strain. Date of injury was 02-01-2014. The agreed medical evaluation report dated 9/10/14 documented that the patient had physical therapy from April 2014 through May 2014. Diagnosis were bilateral carpal tunnel syndrome. The progress report dated 10-31-2014 documented the patient's subjective complaints. The patient stated that she was typing and realized her finger tips were getting cold and staying cold, and would tingle. The patient states that she is having right elbow pain radiating to right forearm, first and fifth finger along with tingling in whole of right hand. The patient reported to her employer in December 2013, and got ergonomic evaluation. The patient was diagnosed with carpal tunnel. The employer sent her to the urgent care, and had 6 sessions of PT physical therapy. Later in May 2014, care was transferred to an occupational health clinic, and had 6 PT physical therapy sessions. The patient repeatedly states nothing works. The patient currently has right elbow and right wrist and right hand complaints. Dominant hand is right. Patient denies history of ulcers or gastritis. No known drug allergies was noted. Physical examination was documented. The patient is a well-developed, well-nourished female. She is alert and oriented to person, place and time . Mood and affect appear appropriate. There are no apparent signs of respiratory distress. There is no evidence of the following conditions of the left elbow: erythema, ecchymosis, scars, swelling, masses, deformities, or open wounds. There are no signs of left upper extremity lymphedema . There are no signs of right upper extremity lymphedema. There is no palpable right epitrochlear or axillary lymphadenopathy. There is no palpable left epitrochlear or axillary lymphadenopathy. Left elbow was examined for comparison. The left elbow is non-tender on palpation at the medial epicondyle, lateral epicondyle, olecranon, and radial head. There is no effusion in the elbow joint. The left radial head is not dislocated . There is no crepitation with range of motion of the elbow. Resisted wrist

flexion is negative for left medial epicondylitis. Resisted wrist extension is negative for left lateral epicondylitis . There is a full range of motion in the left elbow. The right elbow is non-tender on palpation at the following regions: lateral epicondyle; olecranon and radial head. The right elbow is tender at medial epicondyle. There is no effusion in the elbow joint. The right radial head is not dislocated . There is no crepitation with range of motion of the elbow. There is a full range of motion in the right elbow. Left wrist examined for comparison. There is no deformity of the left wrist. Flexor surface of the wrist is non-tender. There is no tenderness of the extensor surface of the left wrist. There is no crepitation of the left wrist on examination. The left wrist is stable. There is no deformity of the right wrist. The flexor surface of the right wrist is tender to palpation. There is no tenderness of the extensor surface of the right wrist. There is no crepitation of the right wrist on examination. The right wrist is stable. Resisted wrist flexion is positive for right medial epicondylitis. Resisted wrist extension is negative for right lateral epicondylitis. There is no tenderness over the left anatomical snuffbox. There is tenderness over the right anatomical snuffbox. Sensation is intact to light touch and pinprick in the left upper extremities. Sensation is intact to light touch and pinprick in the right upper extremities. Sensation is intact to light touch and pinprick in all dermatomes of the left upper extremities for wrist. Sensation is intact to light touch and pinprick in all dermatomes of the right upper extremities for wrist. There is 5/5 muscle strength in flexion, extension, pronation and supination of the left upper extremities. There is 5/5 muscle strength in flexion, extension, pronation and supination of the right upper extremities. Diagnoses were right wrist, hand, and elbow sprain and strain. Treatment plan included Nabumetone and elbow support. Physical therapy was requested on 11/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy three times two for the right elbow and wrist: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Medical records indicate that the patient has completed 18 sessions of PT physical therapy in the past. The progress report dated 10-31-2014 documented that the patient repeatedly stated that nothing works, regarding past treatments. The patient indicated that past treatments including PT physical therapy were not beneficial. MTUS guidelines allow for up to ten physical therapy visits. The patient has completed 18 sessions of PT physical therapy in the past. No functional improvement with past PT physical therapy treatments were indicated. The request for additional physical therapy visits would exceed MTUS guideline recommendations. Without functional improvement with past PT physical therapy treatments, the request for

additional physical therapy visits is not supported. Therefore, the request for Additional Physical Therapy three times two for the right elbow and wrist is not medically necessary.