

Case Number:	CM14-0209954		
Date Assigned:	12/22/2014	Date of Injury:	01/27/2013
Decision Date:	02/18/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 a 55-year-old male with a date of injury of 01/27/2013. According to progress report dated 11/12/2014, the patient presents with left shoulder, left elbow, and left hand pain. Patient describes his pain as occasional achy pain that increases when he flexes his arms. The pain is alleviated with rest. Pain is rated as 1/10 with rest and 2/10 with activity. Physical examination of the left shoulder revealed full passive range of motion and mild weakness with forward flexion and external rotation. Actively, he has limitation with forward flexion at 165 degrees, abduction at 145 degrees, and internal/external rotation at 70 degrees. Examination of the left shoulder revealed 110 degrees-115 degrees range of motion, tenderness to palpation of the radial head, and lateral epicondylitis. He has positive Tinel's over the cubital tunnel. Examination of the left wrist and hand revealed negative Tinel's and Phalen's test. There is full passive range of motion of the left wrist and tenderness to palpation noted. The listed diagnoses are: 1. History of shoulder arthroscopy with subacromial decompression, extension debridement, and biceps tenodesis, 03/17/2014.2. History of radial head fracture, 01/27/2013.3. History of left elbow manipulation under anesthesia, 03/13/2014.4. History of cardiac event, 03/17/2014.5. Residual loss of motion, left elbow. Treatment plan is for patient to undergo left elbow ulnar nerve transposition and open left carpal tunnel release, a surgical assistant, 8 sessions of physical therapy for the wrist and 20 sessions of physical therapy for the elbow, and postoperative medications consisting of Norco 5/325 mg #60. This is a review for request for physical therapy 8 sessions of the left wrist. The utilization

review denied the request on 12/08/2014. Treatment reports from 06/25/2014 through 11/12/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions to the left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: This patient presents with left shoulder, left elbow, and left hand pain. The current request is for physical therapy, 8 sessions, left wrist. The utilization review denied the request stating that the carpal tunnel operation has been non-certified, and the request for therapy is no longer relevant. The MTUS Chronic Pain Management Guidelines, pages 98 and 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines recommend for Myalgia and myositis type symptoms, 9-10 visits over 8 weeks. For Neuralgia, neuritis, and radiculitis type symptoms, 8-10 visits. The requested carpal tunnel release surgery has been non-certified, but given the patient's continued pain and no documentation of recent physical therapy, a course of 8 physical therapy sessions is within guidelines. This request is medically necessary.