

Case Number:	CM15-0102731		
Date Assigned:	06/05/2015	Date of Injury:	06/15/2012
Decision Date:	07/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 with a June 15, 2012 date of injury. A progress note dated April 20, 2015, documents subjective findings (right hand pain; right wrist pain; right elbow pain; occasional numbness and tingling in various fingers; clicking and triggering in the right ring and middle fingers), objective findings (full range of motion of the right elbow, wrist and hand; tenderness over the medial epicondyle and the soft tissues distal to and pain with wrist flexion; pain in the wrist in the first extensor compartment; positive Finkelstein's test of the wrist; tenderness in the right A1 pulley of the ring and middle finger; mild tingling with Tinel's test and Phalen's test; positive Tinel's test over the cubital tunnel), and current diagnoses (middle and ring finger trigger finger; De Quervain's tenosynovitis; medial epicondylitis; symptoms of carpal tunnel syndrome; symptoms of cubital tunnel syndrome). Treatments to date have included physical therapy, wrist splinting, medications, and psychotherapy. The treating physician documented a plan of care that included physical therapy for the right upper extremity, and a night extension splint for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for the right upper extremity: Upheld

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

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) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times six weeks to the right upper extremity is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are middle and ring finger trigger finger; De Quervain's tenosynovitis; medial epicondylitis; symptoms of carpal tunnel syndrome with numbness and tingling; and symptoms of cubital tunnel syndrome with elbow pain on flexion with numbness and tingling in the ulnar two digits. The documentation in the medical record shows the treating provider is requesting 18 physical therapy sessions. Moreover, the treating provider states the number of physical therapy sessions is more than the typical physical therapy based on the multitude of symptoms and diagnosis. The guidelines recommend a six visit clinical trial. The six visit clinical trial is recommended irrespective of the "multitude of symptoms" the injured worker presents with. The six visit clinical trial, in conjunction with objective functional improvement, determines whether additional physical therapy is clinically warranted. Consequently, absent compelling clinical documentation with a request for 18 physical therapy sessions (in excess of the six visit clinical trial), physical therapy three times per week times six weeks to the right upper extremity is not medically necessary.

Night extension splint of elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Splinting (padding).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Splinting.

Decision rationale: Pursuant to the Official Disability Guidelines, night extension splint of the elbow (DME) is medically necessary. Non-custom splints make the guidelines as part of conservative treatment for presumed cubital tunnel syndrome condition. Splinting is recommended only as a short-term initial treatment for lateral epicondylitis in combination with physical therapy. In this case, the injured worker's working diagnoses are middle and ring finger trigger finger; De Quervain's tenosynovitis; medial epicondylitis; symptoms of carpal tunnel syndrome with numbness and tingling; and symptoms of cubital tunnel syndrome with elbow pain on flexion with numbness and tingling in the ulnar two digits. The utilization review documents certification of the night extension splint for the elbow (DME). Based on clinical information or records, peer-reviewed evidence-based guidelines, and the utilization review, night extension splint of the elbow (DME) is medically necessary.