

Case Number:	CM15-0136137		
Date Assigned:	07/24/2015	Date of Injury:	01/20/2015
Decision Date:	08/21/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/14/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 44 year old male, who sustained an industrial injury, January 20, 2015. The injury was sustained when the injured worker fell off a flatbed. The injured worker previously received the following treatments 18 physical therapy sessions, left elbow MRI and anti-inflammatory medications. The injured worker was diagnosed with left elbow x-rays revealed mild degenerative joint disease, the MRI confirmed moderate extensor tendinosis, left lateral epicondylitis and left radial tunnel syndrome. According to progress note of May 7, 2015, the injured worker's chief complaint was progressive left elbow pain. The injured worker was right hand dominant. The injured worker was currently off work with no squatting, standing, kneeling and no lifting, pushing or pulling greater than 20 pounds. The physical exam was focused on the bilateral upper extremities. The left elbow had noted maximal tenderness over the left lateral epicondyle and radial tunnel with pain with resisted wrist extension, middle finger extension and forearm supination. The physical therapy note of May 13, 2015, noted the range of motion of the left elbow was flexion of 120 degrees, forearm supination was 70 degrees, pronation of 80 degrees, left wrist flexion was 60 degrees, extension was 60, radial deviation was 15 degrees and ulnar deviation was 30 degrees, the fingers and thumb were within normal limits. The grip strength was grip strength was decreased to 35, two point pinch was 6, three jaw chuck 10 and later was 11. The treatment plan included 12 session of therapy for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 12 sessions left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy guidelines, elbow (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Forearm/Wrist/Hand Chapter, Physical Medicine.

Decision rationale: Regarding the request for hand therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with the most recent therapy sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested hand therapy is not medically necessary.