

Case Number:	CM15-0146161		
Date Assigned:	08/27/2015	Date of Injury:	11/20/2014
Decision Date:	09/30/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 injured worker is a 33 year old female who reported an industrial injury on 11-20-2014. Her diagnoses, and or impression, were noted to include: resolved left upper extremity cubital syndrome; shoulder-upper arm sprain-strain; elbow-forearm sprain-strain; wrist sprain-strain; and cubital tunnel syndrome. No current imaging studies were noted. Her treatments were noted to include: electromyogram and electrodiagnostic studies of the right upper extremity (1-20-15) - which noted no issues; acupuncture treatments and therapy for the right upper extremity; ice therapy; an ergonomic evaluation; medication management; and modified work duties. The progress notes of 1-29-2015 reported continued and increasing, moderate-severe pain, with numbness, in her right arm. Objective findings were noted to include: mild tenderness over the lateral aspect of the upper right arm, extensor and flexor muscles of the right elbow, and over the volar aspect of the right wrist; all with non-painful and full range-of-motion; and positive carpal tunnel compression test with paresthesias to the 3rd - 5th digits, and positive Tinel's test. The physician's requests for treatments were noted to include additional hand therapy for the right arm and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks for the Right Arm and Wrist:
 Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: According to the 6/4/15 attending physician report, the patient continues to have right arm and wrist pain and loss of function. The current request is for Physical Therapy (2) two times a week for (6) weeks for the right arm and wrist. According to the 6/22/15 attending physician report, the attending physician feels that additional physical therapy sessions may potentially benefit increasing range of motion, strength, and flexibility, restoring function to the right hand. According to the CA MTUS Postsurgical guidelines for cubital tunnel release, 20 visits over 10 weeks is appropriate. In this case, records indicate the patient had surgical decompression of the right cubital tunnel on 4/1/15. Records further indicate the patient initially received 10 postsurgical physical therapy sessions. The current request of 12 additional sessions exceeds the MTUS guidelines and is therefore not medically necessary.