

Case Number:	CM15-0186950		
Date Assigned:	09/28/2015	Date of Injury:	02/06/2015
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/23/2015

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: Massachusetts

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 is a 35 year old female who sustained an industrial injury February 6, 2015. Past history included status post left forearm laceration and status post left forearm flexor tendon repair. According to the most recent primary treating physician's progress report dated June 16, 2015, the injured worker presented for follow-up with complaints of burning radicular pain and muscle spasms, greater on the left side, rated 4 out of 10. The pain radiates to the left upper extremity, associated with numbness and tingling. She complains of burning left shoulder pain, rated 4-5 out of 10, burning left forearm and elbow pain, rated 4-5 out of 10, and burning left wrist pain, rated 4-5 out of 10 with weakness, numbness and tingling and pain radiating to the hand and fingers. She also complains of difficulty sleeping due to pain. She reports temporary relief of pain with medication and activity restrictions. Objective findings included; cervical spine- tenderness with range of motion within normal limits however, with pain; left shoulder- tenderness to palpation, flexion 160 degrees, extension 50 degrees, abduction 160 degrees, adduction 50 degrees, external and internal rotation 75 degrees; sensory slightly diminished over the C5-C8 and T1 dermatomes in the upper left extremity. Diagnoses are cervical spine sprain, strain rule out displacement; rule out cervical radiculopathy; left shoulder and left elbow sprain, strain, rule out derangement; rule out left carpal tunnel syndrome; sleep disorder. Treatment plan included medication, continue with shockwave therapy, pending functional capacity evaluation, MRI scans, electro diagnostic studies, and a referral to an orthopedic surgeon. At issue, is the request for authorization for physical therapy 2 x 6, left forearm. Ultrasound of the bilateral elbow dated August 14, 2015 (report present in the medical record)

impression is documented as normal bilateral elbow. Ultrasound of the bilateral hand dated August 14, 2015 (report present in the medical record) impression documented as normal bilateral hand. Ultrasound of the bilateral wrist dated August 12, 2015 (record present in the medical record) impression documented as left mild fusiform enlargement of the median nerve; left extensor carpi ulnaris tenosynovitis; left normal first dorsal compartment; left normal common extensor tendons; left normal TFC(triangular fibrocartilage complex); right normal wrist. Ultrasound of the bilateral shoulder dated August 12, 2015 (report present in the medical record) impression documented as left acromioclavicular degenerative joint disease-subacromial impingement(mild findings); left rotator cuff tendinitis (supraspinatus); left SA-SD bursitis; left normal long head biceps tendon (stable in bicipital groove); left normal glenoid labrum; normal right shoulder. According to utilization review dated September 1, 2015, the request for Physical Therapy 2 x 6 to the left forearm is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week for 6 weeks to left forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The claimant sustained a work injury in February 2015 and is being treated for injuries sustained due to a left forearm laceration when she was cut with a box cutter. She underwent a repair of a partial flexor tendon laceration on 02/11/15 and was able to return to restricted work. When seen, there was restricted spinal range of motion with left trapezius tenderness. There was left wrist tenderness. There was full upper extremity range of motion. After the surgery performed, guidelines recommend up to 14 visits over 12 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and, with documentation of functional improvement, a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines. There are no residual impairments of the upper extremity with respect to strength or range of motion. The request was not medically necessary.