

Case Number:	CM15-0199544		
Date Assigned:	10/14/2015	Date of Injury:	07/26/2013
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 50 year old male who sustained an industrial injury on July 26, 2013. Subjective complaint (April 17, 2015, May 29, 2015, July 10, 2015, August 06, 21, 2015) neck pain radiating into the bilateral upper extremities, right wrist pain. Objective assessment (April 17, 2015, May 29, 2015, July 02, 2015, August 06, 21, 2015): well healed incision, left with noted decreased swelling; positive Spurling's test; positive foraminal compression test; tightness with spasm in trapezius and sternocleidomastoid and bilateral straps; positive Tinel's right for carpal tunnel. The worker is a being treated for: status post left wrist carpal tunnel release, tendinitis bilateral, carpal tunnel bilateral, left cubital tunnel, left lateral epicondylitis, herniated lumbar disc with radiculopathy, herniated cervical disc with radiculopathy and left elbow cubital tunnel release. Treatment to date: activity modification, medication, topical compound creams, surgery, physical therapy. Current medication regimen (April 17, 2015, May 17, 2015, July 10, 2015): Norco, Ultram ER, Voltaren, Prilosec, Fexmid, Lidocaine compound cream, and Flurbiprofen compound cream. On June 30, 2015 he underwent right carpal tunnel release. On August 26, 2015 a request was made for 18 sessions of physical therapy, left elbow and wrist, and a follow up visit regarding the right wrist that were denied by Utilization Review on September 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 x weekly for the left elbow and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The primary treating physician's progress report dated 8/21/2015 indicates subjective complaints of status post right carpal tunnel release on June 30, 2015 and complaint of constant pain in the left wrist and elbow. On examination the right wrist incision was well-healed with decreased swelling. However, examination of the left wrist and elbow is not included. The diagnosis was, 1. Tendinitis, carpal tunnel syndrome right wrist, positive NCV, 2. Tendinitis carpal tunnel syndrome, left wrist, positive NCV, 3. Cubital tunnel syndrome, left elbow positive NCV with lateral epicondylitis, status post left elbow cubital tunnel release September 28, 2014, 4. Status post left wrist carpal tunnel release January 10, 2015, and 5. Status post right wrist carpal tunnel release June 30, 2015. 6. Other diagnoses included herniated lumbar disc and herniated cervical disc with clinical symptoms of radiculitis/radiculopathy, positive MRI. The treatment plan was to prescribe physical therapy 2-3 times a week for 6 weeks and follow-up with [REDACTED] status post right wrist carpal tunnel release surgery on June 30, 2015. Medications were refilled which included Norco, Ultram, Voltaren, Prilosec, Fexmid, and Lidoderm patches. The request for physical therapy specifies heat, ice, stretching, strengthening, ultrasound, and other modalities as indicated. California MTUS chronic pain guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for those during flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires and internal effort by the individual to complete a specific exercise or task. This type of therapy may require supervision from a therapist or medical provider. Patients are at instructed in expected to continue active therapy is at home as an extension of the treatment process. In this case of the patient had undergone surgery on the left elbow as well as left wrist and completed a physical therapy program after surgery. In addition he had undergone recent surgery on the right wrist and completed a physical therapy program for the same. As such he is familiar with the active exercise program for the left elbow as well as left wrist. The documentation provided does not include a detailed physical examination of the left elbow and left wrist and so the reason for continuing pain is not known. In addition, there is a history of herniated cervical disc with radicular pain. The request as stated is for physical therapy 2-3 times a week for 6 weeks which indicates a total of 12-18 visits. This exceeds the guideline recommendation which allows for fading of treatment frequency from up to 3 visits per week to one or less plus active self-directed home physical medicine. For neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits are recommended over 4 weeks. There is no reason given why he cannot continue with a home exercise program. As such the request for additional physical therapy for the left elbow and left wrist is not supported and the medical necessity of the request has not been substantiated. The request is not medically necessary.

Follow-up visit (right wrist): Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Follow-up Visits.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: With regard to the request for a request for follow-up visit with Dr. status post right wrist carpal tunnel release surgery on June 30, 2015, the global fee for surgery and postoperative follow-up for 3 months was over on September 30, 2015. The requesting primary treating physician is an orthopedic surgeon himself. There is no reason why he cannot do a follow-up evaluation in his office. The guidelines recommend follow-up visits by the primary treating physician. There is no postoperative complication documented that would necessitate another visit to the Hand Surgeon, over 3 months after the surgical procedure. As such, the request for a follow-up visit with Dr. is not supported and the medical necessity of the request has not been substantiated. The request is not medically necessary.