

Case Number:	CM15-0212405		
Date Assigned:	11/02/2015	Date of Injury:	09/18/2014
Decision Date:	12/11/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/28/2015

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

Certification(s)/Specialty: Emergency 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 56 year old female who sustained a work-related injury on 9-18-14. Medical record documentation on 9-16-15 revealed the injured worker was being treated for right elbow sprain-strain, right wrist sprain-strain, and bilateral carpal tunnel syndrome. She reported persistent bilateral hand and bilateral wrist pain. She said that range of motion caused constant pain and discomfort. She had associated numbness and tingling in the bilateral hands and carpometacarpal joints. She reported difficulty with grasping, gripping, pushing and pulling motions and reported that acupuncture was helping with her range of motion and strengthening. She continued her home exercise program, which provided some functional improvement. Objective findings included degeneration of the carpometacarpal joint of the right thumb and tenderness to palpation over the medial epicondyle, radial head, ulnar styloid, radial styloid and snuffbox on the right. She had tenderness to palpation in the bilateral wrists. Her range of motion of the right elbow was improved but painful and her range of motion of the right wrist was restricted with flexion and extension. She had pain with range of motion of the right wrist. She had positive Tinel's at the cubital tunnel on the right. The injured worker completed six sessions of physical therapy for the right wrist and arm and she noted that she did have some relief but only temporary relief from symptoms. A request for physical therapy two times a week for the right upper extremity, left arm and elbow was received on 9-29-15. On 9-29-15, the Utilization Review physician modified physical therapy two times a week for the right upper extremity, left arm and elbow to allow for an additional four sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 3 weeks for the right upper extremity, left arm and elbow:
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 requested Physical therapy 2x a week for 3 weeks for the right upper extremity, left arm and elbow, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has persistent bilateral hand and bilateral wrist pain. She said that range of motion caused constant pain and discomfort. She had associated numbness and tingling in the bilateral hands and carpometacarpal joints. She reported difficulty with grasping, gripping, pushing and pulling motions and reported that acupuncture was helping with her range of motion and strengthening. She continued her home exercise program, which provided some functional improvement. Objective findings included degeneration of the carpometacarpal joint of the right thumb and tenderness to palpation over the medial epicondyle, radial head, ulnar styloid, radial styloid and snuffbox on the right. She had tenderness to palpation in the bilateral wrists. Her range of motion of the right elbow was improved but painful and her range of motion of the right wrist was restricted with flexion and extension. She had pain with range of motion of the right wrist. She had positive Tinel's at the cubital tunnel on the right. The injured worker completed six sessions of physical therapy for the right wrist and arm and she noted that she did have some relief but only temporary relief from symptoms. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met. Physical therapy 2x a week for 3 weeks for the right upper extremity, left arm and elbow is not medically necessary.