

Case Number:	CM14-0119413		
Date Assigned:	08/06/2014	Date of Injury:	01/09/2014
Decision Date:	10/08/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old with a reported date of injury on January 09, 2014. The mechanism of injury is described as repetitive use of the arm, right. The diagnosis is pain in arm (719.42). The injured worker complains of right arm pain. Electrodiagnostic study of the upper extremities show limited evidence of a diagnostic nerve root compression. Urine drug screen positive for hydrocodone, but negative for tramadol and Cyclobenzaprine. An MRI dated May 21, 2014 of the right wrist revealed possible occult tear and mild degenerative arthritis of the scaphoid-trapezium joint. The right elbow MRI revealed proximal common extensor tendinopathy, mild ulnar nerve thickening posterior to the medial condyle and minimal diffuse joint effusion. The claimant is noted to have undergone ulnar nerve transposition in 2011. A prior utilization review dated July 09, 2014 resulted in a modified certification of six physical therapy sessions to the affected right elbow/wrist instead of twelve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy for right elbow and right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Physical therapy; Forearm, Wrist & Hand, Physical/Occupational Therapy

Decision rationale: This is a claimant with chronic elbow pain following a work injury of 1/9/2014. The claimant has tenderness that correlates with MRI findings of ulnar nerve thickening and subcutis scarring suggestive of cubital tunnel syndrome. ODG physical therapy guidelines holds that 14 sessions of physical therapy are medically necessary and reasonable. The claimant has had ulnar nerve transposition in 2011 and has been afforded post operative physical therapy. The MRI of the right wrist reveals degenerative changes and no obvious tear of the TFCC. Therefore the request for twelve sessions of physical therapy for right elbow and right wrist is not medically necessary or appropriate.