

Case Number:	CM14-0147934		
Date Assigned:	09/15/2014	Date of Injury:	01/09/2014
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 records presented for review indicate that this 47 year-old female was reportedly injured on January 9, 2014. The mechanism of injury is noted as noticing swelling and pain at the right upper extremity after several long shifts in a row. The most recent progress note, dated July 25, 2014, indicates that there are ongoing complaints of right upper extremity pain. The physical examination demonstrated an individual with a normal gait. Tenderness to palpation is noted to bilateral elbows, at the lateral epicondyle, medial epicondyle, and olecranon processes. There is tenderness to palpation over the ulnar and volar sides of the right wrist. There is tenderness to palpation over the hypothenar eminence of bilateral hands. Neurologic examination shows handgrip strength is mildly diminished bilaterally (5-/5), with normal strength with wrist flexion and elbow extension bilaterally (5/5), and slightly decreased strength with wrist extension bilaterally (4/5). Sensory examination reveals decreased sensation to light touch to bilateral thumbs. Diagnostic imaging studies include an MRI of the right wrist, which showed a possible occult tear within the TFC at the ulnar styloid insertion, as well as some mild degenerative arthritis. An MRI of the right elbow exhibited tendinopathy to the proximal common extensor, mild ulnar nerve thickening, and minimal diffuse joint effusion. Previous treatment includes anti-inflammatory medications, use of a splint, injections, physical therapy, work modifications and rest. A request had been made for continued physical therapy to the right elbow and right wrist, 12 sessions, and was not certified in the pre-authorization process on August 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy (PT) for Right Elbow and Right Wrist, Quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition, 2007 or current year (Elbow Acute & Chronic see Physical Therapy)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Forearm, Wrist, & Hand (Acute & Chronic); (not including "Carpal Tunnel Syndrome") - Physical/Occupational Therapy (updated 08/08/14).

Decision rationale: MTUS/ACOEM practice guidelines offer no recommendation for or against physical therapy for this injury. ODG recommends #9 physical therapy visits over 8 weeks for sprains and strains of the wrist and hand, elbow and forearm. After review of the available medical records, it is unclear how many physical therapy visits total the claimant attended. In addition, the #12 physical therapy visits requested exceeds the guideline recommendations. As such, this request is not considered medically necessary.