

Case Number:	CM14-0176023		
Date Assigned:	10/29/2014	Date of Injury:	06/05/2012
Decision Date:	12/17/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational Medicine 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:

Injured worker is a female with date of injury 6/5/2013. Primary treating physician's progress report dated 9/16/2014 is not provided in its entirety with only page 6 of 6. Per primary treating physician's progress report dated 8/5/2014, the injured worker complains of finger pain and thumb injury. She reports that she does repetitive typing and over months she has pain in the wrists and hands and elbow with numbness and tingling. She has had six session of therapy approved and completed two sessions. She has been taken off work currently. On examination there is no acute fracture identified with normal alignment. No significant joint disease is noted. No significant soft tissue abnormality is noted. Shoulder exam reveals tenderness in the rotator cuff on the left. There is no tenderness of rotator cuff, subacromial or subdeltoid regions noted. Range of motion of the left shoulder has normalized. Sensation is intact in the upper extremities. Deep tendon reflexes are intact in the upper extremities. Hawkins test is positive on the left. Neers test is positive on the left. The left elbow has tenderness over the lateral and medial epicondyles. There is no forearm tenderness. Range of motion of the elbows is normal. There is no weakness noted in the intrinsic muscles of the forearm with flexion, extension, pronation and supination. Page 5 of 6 is not provided for review. Diagnoses include 1) carpal tunnel syndrome 2) cubital tunnel syndrome 3) de Quervain's tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times 3 bilateral hands, left arm and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The medical reports provided for review indicate that the injured worker has been provided six sessions of physical therapy. She has returned to work as of 8/5/2014. Initial evaluation by physical therapy indicates that the injured worker has been provided a home exercise program. The medical reports do not provide a rationale or support for additional therapy. The injured worker has been cleared medically to work and the injured worker has a home exercise program established through prior physical therapy. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for additional physical therapy 2 times 3 for the bilateral hands, left arm and elbow is determined to not be medically necessary.