

Case Number:	CM14-0179384		
Date Assigned:	11/03/2014	Date of Injury:	01/28/2014
Decision Date:	12/09/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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 Internal 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:

The injured worker (IW) is a 43-year-old woman with a date of injury of January 28, 2014. She sustained an injury to her wrists due to repetitive motion at work with extensive typing. The IW was diagnosed with bilateral carpal tunnel syndrome. Pursuant to a progress note dated September 25, 2014, the IW complained of right wrist pain. She rates the pain as 7/10. The pain is described as throbbing, shooting, and sharp. The pain is more severe when she is very active. The pain is better at rest. The IW indicated that since the initial date of injury, the pain is overall much better. On examination, the compartments of the right upper extremity are soft. There are no palpable spasms. The IW has a well-healed carpal tunnel release incision, which is mildly tender with palpation and feels somewhat thickened and fibrotic in texture. The IW is able to make a complete fist. Range of motion in the right shoulder is unrestricted. Range of motion in the right elbow is unrestricted. There is no tenderness over the radial head as it is put through a range of motion. Flexion and extension of the digits of the hand cause no pain referred to the elbow. Wrist motion is unrestricted. Thumb range of motion is unrestricted. Deep tendon reflexes on the right are 2+ in all [planes]. The radial and ulnar pulses at the wrist are strong and 2+. The fingers are warm, pink and well perfused. The IW was diagnosed with right wrist pain, right hand pain, right upper extremity overuse syndrome, and right carpal tunnel syndrome status post carpal tunnel release. The provider is recommending physical therapy 3 times a week for 4 weeks to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 4 to right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Elbow Chapter, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy three times a week for four weeks to the right elbow is not medically necessary. The guidelines enumerate the frequency and duration of physical therapy to the elbow. General guidelines provide up to three visits contingent on objective improvement documented in the medical record. Further trial visits with fading frequency up to six contingent on further long-term resolution of symptoms, plus active self-directed home physical therapy. In this case, the injured worker sustained an injury to her right wrist. Pain improved since treatment on the physical examination dated September 25, 2014. Range of motion of the right elbow is unrestricted. Stated differently, range of motion is full and complete. Range of motion of the wrist is unrestricted. According to the guidelines, three visits would be contingent upon objective improvement documented in the medical record. The injured worker had extensive physical therapy for this condition. There was no documentation as to whether there was subjective or objective improvement with physical therapy in the September 2014 progress note. Additionally, there is no documentation indicating why the injured worker could not continue with a home exercise program addressing his rehabilitation. Consequently, the physical therapy requested does not meet the general Official Disability Guidelines in terms of frequency and duration to support further physical therapy. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, physical therapy three times a week for four weeks to the right elbow is not medically necessary.