

Case Number:	CM14-0180563		
Date Assigned:	11/05/2014	Date of Injury:	02/28/2012
Decision Date:	12/10/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/30/2014

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:

Patient is a 46-year-old female who has submitted a claim for status post right lateral elbow debridement, status post right carpal tunnel release, status post left carpal tunnel release displacement of cervical intervertebral disks without myelopathy, myalgia and myositis, and brachial neuritis/radiculitis associated with an industrial injury date of 2/8/2012. Medical records from 2014 were reviewed. Patient complained of persistent left upper extremity pain. On physical examination, patient had well healed surgical scars at the right lateral epicondyle and bilateral wrist. Left wrist was tender, as well as the left lateral epicondyle. Treatment to date has included the carpal tunnel release on 2/25/2014, right lateral epicondylectomy on 7/8/2014, 20 visits to physical therapy, home exercise program, and medications. The current request for extension of physical therapy is to address residual weakness from carpal tunnel release. Utilization review from 10/24/2014 denied the request for post operative physical therapy two x 6 to the left wrist because of no documentation of exceptional indications for therapy extension and lack of reasons why a prescribed independent home exercise program would be insufficient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy 2 x 6 sessions.: Upheld

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

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient underwent carpal tunnel release on 2/25/2014 and right lateral epicondylectomy on 7/8/2014. She complained of persistent left upper extremity pain. On physical examination, patient had well healed surgical scars at the right lateral epicondyle and bilateral wrist. Left wrist was tender, as well as the left lateral epicondyle. Patient completed 20 visits to physical therapy; however, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. It is likewise unclear why patient is still not versed to home exercise program to address the residual deficits. Moreover, there were no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. The request as submitted also failed to specify body part to be treated. Therefore, the request for Post Operative Physical Therapy 2 x 6 sessions is not medically necessary.