

Case Number:	CM14-0182823		
Date Assigned:	11/07/2014	Date of Injury:	11/02/2012
Decision Date:	12/11/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Medicine and is licensed to practice in Ohio. 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 51-year-old female with a date of injury of November 2, 2012. She complains of low back pain radiating to the lower extremities, bilateral shoulder pain, and pain in both elbows and wrists with numbness to the hands. She has a history of a prior left carpal tunnel syndrome release surgery. She has been taking Tylenol #3 for pain which reduces her pain from 9/10 to 4/10, which consequently allows her to increase her functionality. The physical exam reveals diminish lumbar range of motion, tenderness of the paraspinal musculature, diminished lower extremity sensation on the left at L5-S1, and a positive Kemp's test bilaterally. The elbows exhibit slightly decreased range of motion with flexion achievable to 130 extension to 0. She is able to supinate and pronate to 80 and there is tenderness to palpation of the medial epicondyles. The wrists exhibit diminished range of motion, Tinel's and Phalen's signs are positive, there is a well healed surgical scar over the left wrist, and there's diminished sensation in the distribution of the median and ulnar nerves bilaterally. The diagnoses are lumbar strain/sprain, bilateral elbow pain, and bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks: Overturned

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 (Acute & Chronic), Physical therapy

Decision rationale: The Official Disability Guidelines allow up to 3 visits contingent on objective improvement documented (ie. VAS (visual analog scale) improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long-term resolution of symptoms, plus active self-directed home PT. For medial epicondylitis specifically, the guidelines allow 8 physical therapy visits over 5 weeks. In this instance, the injured worker has signs and symptoms of medial epicondylitis and therefore physical therapy twice weekly for 4 weeks is medically necessary.

Physical therapy 2 times a week for 4 weeks for bilateral wrists: 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), Forearm, Wrist, & Hand (Acute & Chronic), Physical/Occupational Therapy

Decision rationale: The Official Disability Guidelines allow 1-3 physical therapy visits over 3-5 weeks for medical treatment of carpal tunnel syndrome. It is presumed that the injured worker had postoperative physical therapy following her left carpal tunnel release surgery previously. The request for physical therapy twice weekly for 4 weeks for the wrists therefore exceeds recommended guidelines and hence is not medically necessary.