

Case Number:	CM14-0110067		
Date Assigned:	08/01/2014	Date of Injury:	09/21/2011
Decision Date:	01/29/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 Rehab, has a subspecialty in Interventional spine 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:

This patient is a 51 year old female with an injury date of 9/21/11. Based on the 6/03/14 progress report, patient complains of "pain at the right forearm, the bilateral osteotomy sites, and numbness and tingling in the LEFT ulnar nerve distribution as well as pain at the left lateral elbow." Exam of bilateral upper extremities shows this patient has "near full active and passive range of motion with no tenderness." There is tenderness over the cubital tunnel with positive Tinel and flexed elbow compression test with paresthesias in the ulnar nerve distribution, with "significant tenderness at the osteotomy site." Referenced x-rays show "well-positioned bilateral ulnar shortening osteotomy plates with no evidence of loosening." Related surgical history:- Right wrist arthroscopy with TFCC debridement in March 2012- Right ulnar shortening osteotomy in September 2012- Right lateral epicondyle debridement in September 2013- Left distal radioulnar ligament repair in May 2013- Left ulnar shortening osteotomy in January 2014 Diagnoses for this patient are: 1. Bilateral lateral epicondylitis status post a RIGHT lateral epicondyle debridement 2. RIGHT radial tunnel syndrome 3. Bilateral ulnocarpal impaction status post ulnar shortening osteotomy with delayed union on the LEFT side 4. LEFT cubital tunnel syndrome Work status as of 6/03/14: Return to modified work. The utilization review being challenged is dated 7/02/14. The request is for 12 hand therapy visits for the left elbow, 2 times a week for 6 weeks as an outpatient. The request was modified and certified for 2 outpatient sessions per MTUS guidelines, which supports 2-3 visits for the diagnosis of lateral epicondylitis. The requesting provider has provided a single report date 6/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 hand therapy visits for the left elbow, 2 times a week for 6 weeks as an outpatient:

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: This patient presents with chronic bilateral wrist and elbow pain. The treating physician requests 12 hand therapy visits for the left elbow, 2 times a week for 6 weeks as an outpatient per the 6/03/14 progress report. This patient "initially had a history of radial tunnel syndrome some time in 2007," according to the June 2014 report, which was exacerbated by an injury in September of 2011. Exam shows this patient has "near full active and passive range of motion with no tenderness," with her most recent surgery noted in January of 2014, for left ulnar shortening osteotomy. Although this patient is beyond the post-surgical treatment period, review of the single progress report does not document nor mention she has received any physical therapies recently. Given the chronic wrist and elbow pains, positive Tinel test, flexed elbow compression test with paresthesias with her left elbow, a short course of 8-10 visits is supported by MTUS guidelines pages 98-99, for various myalgias and neuralgias. However, the request for 12 visits exceeds the recommended 8-10 sessions for this type of diagnosis, therefore, the request is not medically necessary.