

Case Number:	CM14-0214452		
Date Assigned:	01/07/2015	Date of Injury:	05/28/2006
Decision Date:	02/23/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 50-year-old man with a date of injury of May 28, 2006. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post wrist arthroscopy on June 11, 2008; status post right carpal tunnel release on June 11, 2008, improved; chronic neck pain, rule out radiculopathy; right lateral epicondylitis; lumbar spine surgery in 2009; and left carpal tunnel release March 2, 2013, improved. Pursuant to the progress note dated November 17, 2014, the IW reports no improvement since last visit. He complains of right hand/wrist pain rated 4/10 with numbness and tingling. Objective physical findings reveal tenderness along the lateral aspect of the elbow. There was mild tenderness in the right hand and elbow. Range of motion was decreased. According to the UR documentation, the IW has had 16 sessions of physical therapy this year. The last physical therapy session was August of 2014. There were no physical therapy progress notes in the medical record. There was no evidence of objective functional improvement associated with prior physical therapy. The current request is for physical therapy 3 times a week for 6 weeks for the right wrist and 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 x 6 for the right wrist and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, physical therapy three times a week for six weeks to the right wrist and right elbow are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The official disability guidelines enumerate the frequency and duration of physical therapy according to the injury sustained. In this case, the injured worker's working diagnoses are status post wrist arthroscopy on June 11, 2008; status post right carpal tunnel release on June 11, 2008, improved; chronic neck pain, rule out radiculopathy; right lateral epicondylitis; lumbar spine surgery in 2009; and left carpal tunnel release March 2, 2013, improved. Over the course of 2014, the injured worker received 16 sessions of physical therapy. There were no physical therapy progress notes in the medical record. There was no documentation evidencing objective functional improvement with prior physical therapy. Consequently, absent clinical documentation of prior physical therapy with objective functional improvement and exceptional/compelling clinical facts supporting additional physical therapy, physical therapy three times a week for six weeks to the right wrist and right elbow are not medically necessary.