

Case Number:	CM14-0216188		
Date Assigned:	01/06/2015	Date of Injury:	03/27/2014
Decision Date:	02/24/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/24/2014

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 48 year old male who was injured on 3/27/14. He was diagnosed with de Quervain's tenosynovitis, shoulder pain, carpal tunnel syndrome, and bicipital tenosynovitis. He was treated with wrist brace, medications, and occupational therapy. He was able to return to regular activity, even without medication. The physical therapy seemed to help, reportedly. On 11/9/14, the worker was seen by his treating physician, reporting "feeling better" with a rated pain level of 4-6/10, mainly in left shoulder. He also reported pain in his lateral left elbow and lateral aspect of the dorsum of the left hand. Physical findings included positive left Finklestein's test, positive left Cozen's test, and tenderness to the left common extensor tendon and left abductor pollicis longus and left extensor pollicis brevis. He was given a Depomedrol/lidocaine injection to the bicipital tendon, wrist, and common extensor tendons on the left arm. He was diagnosed with left lateral epicondylitis, De Quervain's tenosynovitis, and biceps tendinitis. He was then recommended to continue physical therapy for the entire left arm/wrist, including the shoulder. The

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times a week for 2 weeks (6 sessions) for the left forearm/wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-31, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines mention that physical therapy may be used initially for lateral epicondylitis, tenosynovitis, or carpal tunnel syndrome, as long as clinical improvement is seen after the first 2-3 visits. Even though the injured worker had physical therapy multiple times in the past for his arm, shoulder, and wrist, these sessions were ordered for her carpal tunnel and biceps tendinitis. According to the limited documentation provided, there was no mention of the diagnosis of epicondylitis or tenosynovitis as the cause of prior arm and wrist complaints. Without provided records to suggest the injured worker had already had a trial of physical therapy specifically for her left lateral epicondylitis, this request appears to be the first of such requests. Therefore, an initial trial of physical therapy would be medically necessary and appropriate in this situation. However, the request for 6 sessions seems unnecessary when 1-3 sessions would suffice to get the worker trained with home exercises for these new diagnoses, and he should already be somewhat familiar with wrist and arm exercises based on his prior sessions completed, and his injury having been many months prior to this request. The request is not medically necessary.