

Case Number:	CM14-0216266		
Date Assigned:	01/06/2015	Date of Injury:	06/10/2014
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
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: California

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 injured worker is a 59-year-old female who reported onset of moderate pain to her left wrist on June 10, 2014 while wrapping desserts. Electrodiagnostic studies performed on March 5, 2014 demonstrated moderate bilateral carpal tunnel syndrome, C7 cervical radiculopathy, chronic L5 -S1 radiculopathy and left lateral femoral cutaneous neuropathy. The injured worker is diagnosed with carpal tunnel syndrome and underwent left carpal tunnel release on October 29, 2014. She patient was seen on December 1, 2014 at which time physical therapy for the right elbow and wrist was requested. Utilization Review was performed on December 4, 2014 at which time the request for physical therapy for the right wrist and right elbow was non-certified. The December 1, 2014 report was not legible and there was no documentation of previous physical therapy and no current examination findings to support the request for physical therapy for the right elbow and right wrist. The treating physician has submitted a report dated December 29, 2014 at which time it is noted that the patient's right arm is bothering her. She cannot bend it and she cannot hold an infant with it. The patient reports she feels pain and points to the forearm musculature. The right hand is numb and tingling. Examination findings of the left hand revealed healed incision with mild swelling and mild tenderness and intact sensibility. Right-hand examination revealed positive Tinel's with no atrophy. Right elbow revealed full range of motion, no significant tenderness, and pain with palpation of the mobile wad musculature in the right forearm. Diagnoses are right carpal tunnel syndrome; right forearm musculoskeletal strain and status post left carpal tunnel release. A cortisone injection was provided for the right carpal tunnel. Physical therapy 2 times 3 weeks is requested for the right elbow and forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (PT) to the right elbow and wrist two (2) times a week for three (3) weeks: Overturned

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.

Decision rationale: According to the MTUS guidelines, physical medicine is recommended. The guidelines state that passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the patient is diagnosed has presented with subjective and objective functional deficits of the right upper extremity, and she has electrodiagnostic evidence of right carpal tunnel syndrome. She has not undergone prior physical therapy for the right wrist and elbow. The request for 6 sessions of physical therapy is within the amount of physical therapy treatments recommended by the MTUS guidelines. The request for physical therapy to the right elbow and wrist 2x3 is medically necessary.