

Case Number:	CM15-0127245		
Date Assigned:	07/13/2015	Date of Injury:	07/31/2014
Decision Date:	08/14/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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: Physical Medicine & Rehabilitation

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 46-year-old male who sustained an industrial injury on 07/31/2014. Diagnoses include status post crush injury, left hand, middle, ring and small finger and right elbow epicondylitis. Treatment to date has included medications, activity modifications and physical therapy. According to the Initial Orthopedic Consultation dated 5/12/15, the IW reported pain in the left middle, ring and small fingers rated 4/10, but could increase to 7/10 with any activity of the left hand. He also reported numbness and tingling, especially in the ring finger, as well as stabbing pain. He was unable to make a tight fist. The pain interfered with sleep. He also complained of right elbow pain rated 3-4/10. He was compensating with the right arm at work due to inability to use the left hand. On examination, the right lateral epicondyle was tender to palpation. Range of motion (ROM) was normal in both elbows. Provocative testing of the wrists and hands were negative bilaterally. Some sensory loss was noted in the left middle, ring and small fingers and the areas were significantly tender, with decreased ROM in the metacarpophalangeal (MCP) joint, and the proximal and distal interphalangeal (PIP and DIP) joints. Grip strength testing of the bilateral hands using a Jamar Dynamometer showed 45, 46 and 41 pounds on the right and 15, 2 and 11 pounds on the left; estimated normal grip strengths for this IW were 46 on the dominant side (right) and 43 on the non-dominant side. Left hand x-rays on 5/12/15 showed a healed fracture of the tuft with expansion of the end of the phalanx, healed; the x-ray was otherwise normal. A request was made for physical therapy, twice weekly for six weeks, right elbow and left hand (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly for 6 weeks, right elbow and left hand, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Physical Therapy; Forearm, Wrist and Hand, Physical/ Occupation therapy.

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

Decision rationale: Based on the 05/12/15 progress report provided by treating physician, the patient presents with right elbow pain rated 3-4/10 and left hand pain rated 4-7/10. The request is for Physical Therapy, twice weekly for 6 weeks, Right Elbow and Left Hand, Qty: 12. Patient's diagnosis on 05/12/15 includes status post crush injury, left hand, middle, ring and small finger, and right elbow lateral epicondylitis physical examination to the right elbow on 05/12/15 revealed normal range of motion and no tenderness to palpation. Examination of the left hand demonstrated decreased Jamar grip strength when compared to the right, and patient avoids using the middle, ring and small fingers due to pain. X-ray of the left hand dated 05/12/15 showed "a well healed fracture of the tuft with expansion of the end of the phalanx, healed." Treatment to date has included activity modifications, physical therapy and medications. Patient's medications include Omeprazole, Naproxen, diabetes and cholesterol medication. The patient is working part-time with restrictions, per 05/12/15 report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per 05/12/15 report, treater states the patient "had a crush injury. I am requesting authorization for physical therapy for the left hand, two times a week for six weeks, to help him regain full range of motion... In January, the patient returned and he received nine sessions of physical therapy, which he states, improved his hand motion... With regard to the right elbow, the patient had lateral epicondylitis and requires care on an industrial basis..." Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, UR letter dated 06/02/15 states "The patient has had at least 15 prior Physical therapy visits for the left hand... The patient had 9 Physical Therapy visits authorized from 11/21/14 - 2/29/15." Treater has not documented efficacy of prior therapy. There is no explanation of why supervised on-going therapy is needed, or reason patient is unable to transition into a home exercise program. Furthermore, the request for additional 12 sessions would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.