

Case Number:	CM15-0174144		
Date Assigned:	09/25/2015	Date of Injury:	12/22/2014
Decision Date:	10/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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(n) 29 year old male, who sustained an industrial injury on 12-22-14. The injured worker was diagnosed as having bilateral forearm and wrist flexor tendinitis and bilateral medial epicondylitis with early carpal tunnel syndrome. The physical exam (5-26-15 through 7- 29-15) revealed trace edema in the bilateral hands and flexor aspect of the wrists, normal active range of motion of the wrist and a negative Finkelstein's test. Treatment to date has included physical therapy since at least 5-28-15, bilateral wrist braces, a right carpal tunnel cortisone injection on 7-21-15 (response not documented), a left carpal and radial tunnel cortisone injection on 7-28-15 (response not documented), Nabumetone and Acetaminophen. As of the PR2 dated 8-6-15, the injured worker reports persistent bilateral wrist pain which alternates from right to left. He states that the pain sometimes radiates up to his shoulder bilaterally from his wrists and that even with physical therapy and continued home stretches he still gets pain. Objective findings include trace edema in the bilateral hands and flexor aspect of the wrists, normal active range of motion of the wrist and a negative Finkelstein's test. The treating physician requested physical therapy for the bilateral wrists and forearms x 8 visits. On 7-28-15, the treating physician requested a Utilization Review for physical therapy for the bilateral wrists and forearms x 8 visits. The Utilization Review dated 8-10-15, non-certified/modified the request for physical therapy for the bilateral wrists and forearms x 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 visits of Physical therapy for the bilateral wrists and forearms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG-TWC Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Elbow (Acute & Chronic), physical therapy (2) Carpal Tunnel Syndrome (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in December 2014 and is being treated for chronic upper extremity pain due to a repetitive strain injury. Treatments have included physical therapy with completion of 18 sessions as of 08/17/15. When seen, he was having bilateral upper extremity pain. He was having bilateral index and middle finger tingling. A right carpal tunnel injection had been done on 07/21/15. Physical examination findings included tenderness with trace edema. There was pain with range of motion. There was positive testing for carpal tunnel syndrome. Additional physical therapy is being requested. Diagnoses included bilateral medial epicondylitis and early carpal tunnel syndrome. In terms of physical therapy for epicondylitis, guidelines recommend up to 8 treatment sessions over 5 weeks and up to 1-3 treatment sessions over 3-5 weeks for carpal tunnel syndrome. The claimant has already had physical therapy well in excess for his condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.