

Case Number:	CM15-0035046		
Date Assigned:	03/03/2015	Date of Injury:	02/01/2011
Decision Date:	05/28/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/24/2015

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: Emergency 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 is 46 year old male, who sustained an industrial injury on February 1, 2011. The injured worker has been treated for right upper extremity complaints. The diagnoses have included right radial tunnel syndrome, right symptomatic ulnocarpal joint pain, lateral triceps tendonitis and residual ulnar nerve compression of the right elbow. Treatment to date has included medications, radiological studies, acupuncture treatments, physical therapy, a hand splint, injections, home exercise program and right elbow surgery. Current documentation dated January 15, 2015 notes that the injured worker reported continued gradual improvement at the surgical site of the right elbow. He also noted worsening pain of his lateral triceps tendonitis. Physical examination of the right elbow revealed tenderness at the incision site, a full range of motion and significant tenderness over the lateral edge of the triceps tendon. The treating physician's plan of care included a request for additional physical therapy to the right hand # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional hand therapy 2x6 for the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: As per MTUS Chronic pain guidelines and post surgical treatment guidelines, physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (24 total) was completed and had reported subjective improvement. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Guidelines recommend a maximum of 20sessions after surgery, which has been exceeded. Additional 12 physical therapy sessions are not medically necessary.