

Case Number:	CM15-0074562		
Date Assigned:	04/24/2015	Date of Injury:	01/01/2011
Decision Date:	05/21/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 a female, who sustained an industrial injury on 1/1/2011. She reported bilateral upper extremity pain. The injured worker was diagnosed as having bilateral carpal and cubital tunnel syndrome. Treatment to date has included medications, and physical therapy. The request is for physical therapy. On 1/5/2015, she reported no changes in her symptoms. The treatment plan included: left carpal tunnel and cubital tunnel release. On 2/19, 2015, she reported a gradual improvement following surgery. The treatment plan included continuation of therapy and anti-inflammatories. On 4/2/2015, she has continued bilateral grip strength weakness following bilateral carpal tunnel and cubital tunnel releases.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (bilateral wrists and elbows) 2x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Section, Elbow Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continued physical therapy bilateral wrists and elbows 2 times per week for 6 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; left carpal tunnel release with tenosynovectomy of the flexor tendons in the palm and left sub muscular ulnar nerve transposition January 17, 2015; and right carpal tunnel release with tenosynovectomy of the flexor tendons in the palm and left sub muscular ulnar nerve transposition June 20, 2014. The guidelines recommend 3-8 visits over 3-8 weeks. The guidelines recommend 20 visits over 10 weeks for post surgical treatment of cubital tunnel syndrome. According to a March 24, 2015 progress note, the treating provider requested additional physical therapy two times per week times six weeks. There was no request for authorization in the medical record for review. The progress notes do not contain documentation of objective functional improvement. The progress notes state right wrist symptoms are gradually improving. The documentation shows the injured worker completed 10 out of 12 physical therapy sessions to the left wrist as of April 2, 2015. The documentation shows the injured worker completed 16 out of 16 physical therapy sessions to the right wrist as of November 11, 2014. The timeframe (10 weeks) for physical therapy has lapsed. The injured worker should be well-versed in a home exercise program to treat the right wrist and right elbow at this time. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated for the right wrist and elbow. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is clinically indicated, continued physical therapy to the bilateral wrists and elbows two times per week for six weeks is not medically necessary.

Continued physical therapy (right wrist and elbow) (Retro DOS 10/07/14, 10/09/14, 11/06/14, 11/11/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Section, Elbow Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continued physical therapy right wrist and elbow retrospective date of service October 7, 2014; October 9, 2014; November 6, 2014; and November 11, 2014 are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to

continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; left carpal tunnel release with tenosynovectomy of the flexor tendons in the palm and left sub muscular ulnar nerve transposition January 17, 2015; and right carpal tunnel release with tenosynovectomy of the flexor tendons in the palm and left sub muscular ulnar nerve transposition June 20, 2014. The guidelines recommend 3-8 visits over 3-8 weeks. The guidelines recommend 20 visits over 10 weeks for post surgical treatment of cubital tunnel syndrome. According to a March 24, 2015 progress note, the treating provider requested additional physical therapy two times per week times six weeks. There was no request for authorization in the medical record for review. The progress notes do not contain documentation of objective functional improvement. The progress notes state right wrist symptoms are gradually improving. The documentation shows the injured worker completed 10 out of 12 physical therapy sessions to the left wrist as of April 2, 2015. The documentation (according to the utilization review) shows the injured worker completed 16 out of 16 physical therapy sessions to the right wrist as of November 11, 2014. The timeframe (10 weeks) for physical therapy has lapsed. There is no documentation from the treating provider from October 7, 2014; October 9, 2014; and November 11, 2014. There is no documentation demonstrating objective functional improvement in the treating provider's progress notes. Physical therapy progress notes from October 7, 2014; October 9, 2014; November 2014; and November 11, 2014 do not contain objective functional improvement but do request additional physical therapy. There are no compelling clinical facts in the medical record demonstrating additional physical therapy is clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement by the treating provider and physical therapy provider with compelling clinical facts demonstrating additional physical therapy is clinically warranted, continued physical therapy right wrist and elbow retrospective date of service October 7, 2014; October 9, 2014; November 6, 2014; and November 11, 2014 are not medically necessary.