

Case Number:	CM15-0077904		
Date Assigned:	04/29/2015	Date of Injury:	03/21/2011
Decision Date:	06/04/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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: Arizona, 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 63-year-old female, with a reported date of injury of 03/21/2011. The diagnoses include left medical epicondylitis, left wrist, hand, and forearm tendinitis, left scapulothoracic strain, and left hip strain. Treatments to date have electrodiagnostic studies, acupuncture, oral medications, and injection to the left scapulothoracic region. The progress report dated 01/07/2015 indicates that the injured worker requested an injection to the left scapulothoracic region. She complained of discomfort mostly on the left scapulothoracic region and to a lesser degree in the medial aspect of the left elbow and in the left forearm, wrist, and hand. An examination of the left elbow showed tenderness to palpation on the medial aspect of the left elbow directly over the medial epicondyle, some tenderness on the medial aspect of the forearm, unrestricted elbow range of motion, and no tenderness over the radial head. An examination of the left wrist showed no tenderness to palpation of the wrist joint, unrestricted wrist range of motion in all planes, and carpal tunnel had negative Tinel's and Phalen's test of the left carpal tunnel of the wrist. The objective findings also include intact sensation to light touch, pinprick, and two-point discrimination in all dermatomes in the bilateral upper extremities. The treating physician requested a PO pneumatic compressor (rental or purchase not provided), and twelve outpatient post-operative physical therapy sessions for the left wrist. On 04/09/2015, Utilization Review (UR) denied the request for the pneumatic compressor, noting that there was no documentation of deep vein thrombosis risk factors and no documentation that the injured worker will not be walking during the post-operative time period. The UR physician modified the request for post-operative physical therapy for 8 sessions, noting that the guidelines

recommend up to eight post-operative therapy sessions for this condition. The MTUS Chronic Guidelines and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

PO pneumatic compressor (rental or purchase not provided): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- wrist chapter and pg 33\shoulder chapter and pg 10.

Decision rationale: Although vasopneumatic compressive devices are recommended for reducing edema, they are not required for low risk surgeries such as shoulder and arm surgeries due to the low risk of DVT. Carpal tunnel surgeries are considered low-risk as in this case. The claimant is not known to be hypercoagulable. The request for a pneumatic compression device is not medically necessary.

Outpatient post-operative physical therapy for the left wrist, three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS 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 ODG- wrist chapter and pg 28.

Decision rationale: According to the guidelines, physical therapy after carpal tunnel is recommended for up to 8 sessions over 3-5 weeks. In this case, the request was for 12 sessions. In addition, the MTUS guidelines indicate additional sessions to be completed at home. In this case, there is no indication that additional therapy cannot be completed at home. The request for 12 sessions of physical therapy is not medically necessary.