

Case Number:	CM13-0040278		
Date Assigned:	12/20/2013	Date of Injury:	07/01/2010
Decision Date:	09/28/2015	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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, North Carolina
 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 (IW) is a 50 year old female who sustained an industrial injury on 07-01-2010. She reported a repetitive motion injury to the back, wrists, and hands. The injured worker was diagnosed as having: Lesion of the ulnar nerve, Lateral epicondylitis. Treatment to date has included bilateral carpal tunnel releases in 2011, revision of the right open carpal tunnel release and surgery on the right elbow (09-06-2012) occupational therapy for the hands, diagnostic MRI of the lumbar spine, a microdiscectomy L5-S1 (12-03-2012). Currently, the injured worker complains of tightness in both forearms and left neck. She has constant pain in the upper extremities and neck, and decreased strength in the bilateral upper extremities with hyper-sensitivity and edema at the right elbow and severe muscle spasms in both upper extremities and neck. The worker has full mobility and can push, pull, reach, grasp and manipulate objects. Objectively, she exhibits decreased spasm in right CS musculature from manual treatment but continues to have tension in the left cervical spine. The treatment plan is for manual therapy, and for ongoing home exercise program. A request for authorization was submitted for Post-operative physical therapy 2 x a week for 6 weeks to the bilateral elbows and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 x a week for 6 weeks to the bilateral elbows and wrists:
Upheld

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

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

Decision rationale: This patient was recently authorized 6 sessions of physical therapy (PT) with improvement in her condition noted by the patient. The patient is participating in an ongoing home exercise program. The injured worker currently has full mobility of the upper extremities and can push, pull, grasp and manipulate objects. The request is for an additional PT, 12 sessions, which exceeds MTUS Guidelines. There is no evidence in the records submitted as to why the home exercise program is not sufficient to treat any remaining functional deficits. Therefore the request is not medically necessary or appropriate.