

Case Number:	CM13-0016670		
Date Assigned:	11/06/2013	Date of Injury:	07/29/2008
Decision Date:	08/22/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 58-year-old female with date of injury 07/29/2008. The physician's report 07/08/2013, listed diagnoses are: injury median nerve, postsurgical aftercare, trigger finger. The patient is status post left trigger thumb release and left wrist ulnar carpal joint injection from 01/18/2013. Patient also had right median nerve repair on 01/19/2012 with reconstruction of the median nerve. On 12/17/2009, the patient had right wrist nerve release, hand excision of superficial soft tissue mass or neuroma, and wrist exploration. Patient was requesting extension of her physical therapy. Patient is now 5 years post injury. Pain severity was 3/10. Current medication is hydrocodone. Examination showed tenderness and decreased range of motion of the right wrist. Listed diagnoses are: injury of the median nerve, tendonitis of the wrist, postsurgical aftercare, trigger finger, peripheral neuropathy. There are therapy progress reports from 03/28/2013, and the patient appears to have received a number of treatments, also occupational therapy notes from 02/06/2013. Request is for physical therapy extension 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE TREATMENT TO BILATERAL HANDS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98, 99.

Decision rationale: This injured worker presents with bilateral wrist/hand pains. The patient has had multiple injections and surgeries of the wrist. The patient is outside of postsurgical timeframe, and for non-operative physical therapy sessions, MTUS guidelines recommend 9 to 10 sessions for myalgia, myositis, neuritis, neuralgia-type of condition that this patient suffers from. The current request is for physical therapy 2 times a week for 6 weeks. Review of the reports show that the patient has had therapy treatments through February and March of 2013. The patient has asked for extension of physical therapy treatments. There are no reports that discuss the patient's progress. The patient appears to be doing fairly well, with pain level down to 3/10, and examination showing only tenderness to palpation and some reduced range of motion. The treating physician does not provide any specific reason for additional physical therapy at this time. There is no explanation as to why the patient is not able to continue a home exercise program to manage the symptoms. MTUS guidelines do not recommend more than 10 sessions, and the current request for 12 sessions exceeds MTUS guidelines therefore this request is not medically necessary.