

Case Number:	CM13-0038998		
Date Assigned:	12/18/2013	Date of Injury:	03/04/2013
Decision Date:	01/31/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 is a female claimant with a date of injury of March 4, 2013. A utilization review determination dated September 26, 2013 recommends non-certification of eight physical therapy sessions between September 24, 2013 and November 8, 2013. The request was noncertified due to, "this patient was indicated to have had about eighteen sessions of physical therapy, which more than exceeds the number of treatments recommended for her condition. Objective evidence of functional improvement with prior therapy visits was not documented. A progress report dated November 22, 2013 includes subjective references of "constant and severe right wrist and hand pain rated 9/10 with radiation up to the right shoulder with associated numbness, tingling, and weakness." In addition, she reports of intermittent and severe left wrist and hand pain, rated 8/10." The note goes on to state, "in the interim, she has completed her physical therapy sessions." Physical examination identifies, "examination of the bilateral wrists reveals tenderness to palpation over the right wrist. There is a limited range of motion of the right wrist. Phalen's and reverse Phalen's tests are positive bilaterally. Upper extremity motor weaknesses noted bilaterally. There is sensory deficit noted over the median nerve distribution bilaterally." Diagnoses include bilateral carpal tunnel syndrome and avascular necrosis of the right lunate. Treatment plan states, "at this point in time, the patient has completed her physical therapy program for the bilateral wrists. However, she continues to reference constant bilateral wrist pain, right worse than left. I have personally reviewed the Electromyogram (EMG) and Nerve Conduction Studies diagnostic studies of the cervical spine and upper extremities on May 8, 2013, which showed negative results for carpal tunnel syndrome and cervical radiculopathy." Note goes on to state, "Meanwhile, the patient will continue with home exercise program for bilateral wrists." A progress report dated October 21, 2013 includes treatment plan stating, "authorization is requested for return appointment on November 22, 2013, physical therapy of

the right wrist, and topical medications." A progress report dated September 16, 2013 states, "shortly after the patient was seen by [REDACTED], an orthopedic hand specialist who prescribed medications, provided braces for her wrist and a tens unit, and advised her to continue with her physical therapy program. [REDACTED] received approximately eighteen sessions of physical therapy with temporary relief of her symptoms." Treatment plan at that time states, "the patient is recommended to begin a course of physical therapy treatment for the bilateral hands and wrists, two times a week for four weeks. Physical therapy treatment should address the activities of daily living, range of motion, as well as the pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Regarding the request for additional physical therapy, California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears the patient has undergone at least eighteen physical therapy sessions thus far. There is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.