

Case Number:	CM13-0040433		
Date Assigned:	12/20/2013	Date of Injury:	03/01/2013
Decision Date:	02/11/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/07/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 49-year-old female who sustained an industrial injury on March 1st, 2013. The mechanism of injury is from repetitive strain, especially from typing. The worker has diagnoses of right carpal tunnel syndrome, wrist sprain, and right ulnar impaction syndrome. X-rays performed on 6/11/13 demonstrated no evidence of acute osseous injury. Electrodiagnostic testing performed on 10/18/2013 demonstrated mild right carpal tunnel syndrome. A utilization review report on date of service 9/3/2013 non-certified the request for 8 additional physical therapy visits because "objective evidence to demonstrate that the previously authorized visits have been fully utilized with remaining functional deficits on the right wrist was not present to substantiate the request."

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 8 physical therapy sessions for the right wrist between 8/29/13 and 10/28/13:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Forearm, Wrist, Hand, Physical Therapy Guidelines.

Decision rationale: Official Disability Guidelines specify the following regarding physical therapy of the forearm, wrist, and hand: "Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Also used after surgery and amputation. Early physical therapy, without immobilization, may be sufficient for some types of undisplaced fractures. It is unclear whether operative intervention, even for specific fracture types, will produce consistently better long-term outcomes. There was some evidence that 'immediate' physical therapy, without routine immobilization, compared with that delayed until after three weeks immobilization resulted in less pain and both faster and potentially better recovery in patients with undisplaced two-part fractures. Similarly, there was evidence that mobilization at one week instead of three weeks alleviated pain in the short term without compromising long-term outcome. (Handoll-Cochrane, 2003) (Handoll2-Cochrane, 2003) During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short-term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better short-term hand function in patients given physical therapy than in those given instructions for home exercises by a surgeon. (Handoll-Cochrane, 2002) (Handoll-Cochrane, 2006) Hand function significantly improved in patients with rheumatoid arthritis after completion of a course of occupational therapy ($p < 0.05$). (Rapoliene, 2006). ODG Physical/Occupational Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. This injured worker has carpal tunnel syndrome and the guidelines only recommend for 1-3 visits over 3-5 weeks. She also has suspected ulnar impaction at the distal radioulnar joint, which was first discussed by the requesting healthcare provider in a note dated July 23, 2013. The notes indicate that the patient has tried physical therapy for 6 visits. There is no documentation of the functional benefit of these sessions, and therefore the request for additional physical therapy is recommended for non-certification.