

Case Number:	CM13-0056513		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2013
Decision Date:	03/21/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/22/2013

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, 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 patient sustained an injury on 02/28/2013 while she was cleaning. She rolled her hand/wrist and developed right hand/wrist pain. Prior treatment history has included 18 sessions of physical therapy. She has used a thumb spica splint, anti-inflammatories, and Norco. She had a cortisone injection into the first dorsal compartment. Diagnostic studies reviewed include electromyography performed on 04/22/2013 revealed moderate right carpal tunnel syndrome. There was no evidence of a right cervical radiculopathy. An operative report performed on 11/11/2013 revealed right-sided stellate ganglion block under conscious sedation. Procedures performed on 07/03/2013 were right carpal tunnel release with tenosynovectomy of the flexor tendons in the palm. A clinic note dated 05/20/2013 documented objective findings on exam to include the patient to be a well-developed, well-nourished female in no acute distress. On the right upper extremity, the patient has significant tenderness over the first dorsal compartment with positive Finkelstein's. There is a small area of hypopigmentation consistent with a prior cortisone injection. She has positive Tinel, positive Phalen, and positive compression over the carpal tunnel with no thumb abductor atrophy. The patient was diagnosed with moderate right carpal tunnel syndrome confirmed by electrodiagnostic studies and right de Quervain's tendonitis. Psychology evaluation plus 6 sessions and physical therapy evaluation plus 6 sessions (1-2 X A week) was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology evaluation plus 6 sessions (1x6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102 and 23.

Decision rationale: As per the MTUS Chronic Pain Guidelines, psychological treatment is recommended for patients during treatment for chronic pain; however, the Guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement a total of up to 6-10 visits over 5-6 weeks is allowed. The request is for 1 x 6 weeks, which exceeds the MTUS Chronic Pain Guidelines' recommendation; and therefore, the request is not medically necessary and appropriate

Physical therapy evaluation plus 6 sessions (1-2x a week): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114)

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

Decision rationale: As per the MTUS Chronic Pain Guidelines, physical medicine is "based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." A note dated 10/03/2013 indicates she has tried 18 sessions of physical therapy but has remained markedly symptomatic and has been unable to use her right upper extremity at all. There is no evidence of reduced pain, increased physical activities, or objective functional improvement with prior physical therapy treatment, and thus the continued course of 6 sessions of physical therapy is not medically necessary and appropriate.