

Case Number:	CM14-0008467		
Date Assigned:	02/12/2014	Date of Injury:	11/07/2011
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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:

The injured worker is a female of unspecified age who reported an injury on 11/07/2011. The clinical note dated 12/24/2013 noted the injured worker was seen for evaluation of post-operative management. The physical examination revealed moderate tenderness to the left palm at the base of the left thumb, and tenderness at the base of the right thumb with crepitus. The diagnoses included status post left carpal tunnel release, status post left thumb tenosynovectomy status post right carpal tunnel release, and right cubital tunnel release, status post revision right carpal tunnel release, right thumb tenosynovitis, and bilateral shoulder impingement with rotator cuff tendinitis. The treatment plan included continuation of the prescribed anti-inflammatories and continued therapy 2 times a week for 6 weeks for hand range of motion and strengthening, elbow range of motion, and shoulder rotator cuff strengthening. It was noted that the injured worker had prior hand therapy. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) ADDITIONAL PHYSICAL THERAPY, FOR THE LEFT WRIST/HAND FOR TWO (2) TIMES A WEEK FOR SIX (6) WEEKS, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2: SUMMARY OF RECOMMENDATIONS.

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

Decision rationale: The California MTUS guidelines state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the clinical notes provided for review, the injured worker was six (6) weeks postoperative, doing well, and participating in physical therapy. However, there is a lack of documentation indicating the injured worker's progress with physical therapy in order to warrant a continuation of physical therapy for the left wrist and hand. It is also unclear within the clinical notes provided, if the injured worker was participating in a home exercise program. Within the documentation the number of sessions the injured worker has completed was not provided. Therefore, the request for a twelve (12) additional physical therapy for the left wrist/hand for two (2) times a week for six (6) weeks, as an outpatient, is non-certified.