

Case Number:	CM14-0116299		
Date Assigned:	08/04/2014	Date of Injury:	06/14/2013
Decision Date:	10/01/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/24/2014

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 Family 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 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 56 year old female who was injured on 06/14/13 when she slipped and fell, catching and hyperextending her right middle finger on a box. An Electromyography (EMG) study dated 06/10/14 is read as an abnormal study revealing evidence of carpal tunnel syndrome of the right wrist. The injured worker is diagnosed with tenosynovitis of the hand and wrist. The injured worker is also diagnosed with bilateral carpal tunnel syndrome as a result of an injury in 1994. She complains of pain in the right hand/wrist with persistent numbness, tingling and pain in the right digits 1 through 3. Treatment has included splinting, physical therapy and medication management. Records do not reveal the dates, amount of or response to previous physical therapy treatment. Preliminary Panel Qualified Medical-Legal Evaluation dated 05/07/14 includes a physical examination which notes muscle testing is 5/5 in the bilateral upper extremities, decreased range of motion (ROM) in the right elbow, right wrist and right digits 1, 2 and 3. Positive Tinel's is noted in the right wrist. The most recent note submitted a Comprehensive Medical-Legal Evaluation dated 06/10/14. This report notes the injured worker has decreased AROM in the right wrist and right digits 1 through 3. Future medical care is recommended to include conservative treatment such as occupational therapy, acupuncture and injections. A request for 12 sessions of physical therapy for the right hand is submitted on 06/17/14 and is subsequently denied by Utilization Review dated 06/23/14. The Utilization Review rationale states the injured worker has "previously participated in 6 sessions of physical therapy for the right hand and notes applicable guidelines recommend up to 8 visits." This report also cites a lack of documentation demonstrating the efficacy of previous physical therapy treatment. This is an appeal request for 12 visits of physical therapy for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x6wks, right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web) 2013 Forearm, Wrist and Hand Chapter, Physical/Occupational Therapy

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

Decision rationale: The request for 12 sessions of physical therapy for the right hand at a rate of twice per week for 6 weeks is not medically necessary. MTUS Chronic Pain Medical Treatment Guidelines state "Active therapy 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." The records submitted for review indicate the injured worker has participated in some amount of physical therapy previously. Records do not include treatment notes and do not demonstrate the injured worker's response to therapy. As such, the efficacy of previous treatment upon the injured worker's flexibility, strength, endurance, function, ROM or discomfort is not identified. Based on the clinical information provided, medical necessity of 12 additional sessions of physical therapy for the right hand cannot be established; therefore, the request is not medically necessary.