

Case Number:	CM14-0130348		
Date Assigned:	08/20/2014	Date of Injury:	06/16/2004
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/15/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/16/04. A utilization review determination dated 7/30/14 recommends as not medically necessary of Physical Therapy. 12 prior Physical Therapy sessions have been completed. 7/3/14 medical report identifies chronic pain in multiple points of the body. Dominant complaint is pain in the right wrist and lumbar spine. She is s/p lumbar ESI "during her clinical course" and s/p carpal tunnel release 3/19/14. There is also pain in the left knee with locking, popping, and instability. The patient also complains of depression. PT increased her ROM and functional capacity status. On exam, nodules are noted in the region of the A1 pulleys of the second, third, and fourth right fingers. Decreased grip strength is noted. 12 additional Physical Therapy sessions were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Wrist/Hand 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm/Wrist/Hand And Carpal Tunnel Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10,16.

Decision rationale: Regarding the request for Physical Therapy, CA MTUS supports up to 8 PT sessions after carpal tunnel release. For chronic injuries, California MTUS supports up to 10 sessions and cites that "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 documentation available for review, there is documentation of completion of 12 prior PT sessions, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the currently requested Physical Therapy is not medically necessary.