MAXIMUS Federal Services

Case Number:	CM14-0135048		
Date Assigned:	08/27/2014	Date of Injury:	09/29/2000
Decision Date:	09/24/2014	UR Denial Date:	06/17/2014
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 Physical Medicine and 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 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 patient is a 55-year-old female who has submitted a claim for unspecified derangement of the medial meniscus, carpal tunnel syndrome, chronic pain syndrome, unspecified thoracic/lumbar neuritis/radiculitis, and generalized anxiety disorder associated with an industrial injury date of September 29, 2000. Medical records from 2006-2014 were reviewed. The patient complained of wrist pain. The bilateral wrist pain was aching, burning and throbbing as well, rated 3-6/10 on the right and 5/10 on the left. There was numbness and tingling on the left hand associated with the pain. Physical examination showed well-healed incisions with fibrosis on the wrists bilaterally. Carpal tunnel testing on the left was positive. Grasp was rated 4/5 on the left with mildly tender palmar aspect at the base of the middle and ring digits. Imaging studies were not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, TENS unit, right knee arthroscopy, left knee surgery, carpal tunnel release, cubital tunnel exploration, and knee viscosupplementation. Utilization review, dated June 17, 2014, denied the request for 12 additional sessions of physical therapy because there were numerous visits for her complaints without overall objective pain and functional improvement; and denied the request for 1 prescription of Ketoprofen 75mg #90 because there was no overall significant pain and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Section, Physical Medicine.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Section, recommend 3-8 physical therapy visits over 3-5 weeks for post-surgical carpal tunnel syndrome with fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. In this case, the patient had a left carpal tunnel release on November 22, 2013. The patient underwent a total of 21 physical therapy sessions of the left hand/wrist. There was documentation regarding these visits as well as objective benefits derived from the sessions. Progress report dated May 2, 2014 state that the patient was asked to continue with the therapy to increase her function. However, the present request is for 12 additional therapy sessions, which exceeds the recommended total number of visits. Recent progress reports did not document any acute exacerbation or flare-up of symptoms. The patient is also expected to be well-versed in a self-directed home exercise program by now. Moreover, the present request failed to specify the body part to be treated. Therefore, the request for 12 additional sessions of physical therapy is not medically necessary.

1 prescription for Ketoprofen 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least November 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Furthermore, long-term use of NSAIDs is not recommended. Therefore, the request for 1 prescription for Ketoprofen 75mg #90 is not medically necessary.