

Case Number:	CM14-0158411		
Date Assigned:	11/05/2014	Date of Injury:	10/22/2013
Decision Date:	12/09/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/26/2014

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 injured worker is a 42-year-old woman with a date of injury of 10/22/13. Complaints include right wrist pain and occasional hand weakness made worse with upper extremity activity. Treatment diagnoses included wrist tenosynovitis and mild carpal tunnel syndrome. Treatment included home exercise program, cyclobenzaprine and gabapentin. Initial hand therapy was reportedly helpful which primarily consisted of paraffin bath therapy. Hand examination was notable for intact sensation, no normal motor and no muscle atrophy. There was evidence of tenderness of the thenar muscle on the right. Bilateral upper extremity EMG was normal. On 9/4/14 8 physical therapy sessions were requested for the right hand. Reports indicate that the injured worker was approved for 3 physical therapy sessions on 9/15/14. Progress report dated 10/2/14 indicates benefit from physical therapy treatment on 9/2/14 with recommendations for continued physical therapy 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right hand qty: 8: Upheld

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

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

Decision rationale: The injured worker presents with chronic wrist pain responsive to work modifications, NSAIDs and paraffin bath therapy. Pain was made worse with increased upper extremity work activities and cessation of passive hand therapy. The patient was also noted to do hand exercises from time to time. MTUS guidelines recommend 9-10 visits over 8 weeks of physical therapy for myalgias, allowing for fading of treatment frequency. Request for 8 physical therapy sessions over 4 weeks exceeds MTUS guidelines as it does not allow for fading of treatment frequency. The request for a physical therapy as written is therefore not medically necessary.