

Case Number:	CM14-0178502		
Date Assigned:	10/31/2014	Date of Injury:	12/14/2009
Decision Date:	12/10/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/28/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 54 year old male with date of injury of 12/14/2009. A review of the medical records indicate that the patient is undergoing treatment for bilateral wrist carpal tunnel. Subjective complaints include continuing 5/10 pain in bilateral hands and fingers. Objective findings include bilateral wrists with scars from previous surgery; sensory within normal limits; 4/5 motor for wrist supination bilaterally. Treatment has included carpal tunnel release surgery, physical therapy, Orphenadrine, Norco, and Dicolfenac. The utilization review dated 9/19/2014 non-certified 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 sessions) bilateral hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 474.

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

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG

states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The employee had an unknown number of previous physical therapy sessions with no documentation of the functional improvement or what defects will be covered in further sessions. Therefore, the request for 12 sessions of physical therapy is not medically necessary.