

Case Number:	CM14-0054291		
Date Assigned:	07/07/2014	Date of Injury:	09/12/2013
Decision Date:	08/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational 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 patient is a 21-year-old female who has submitted a claim for right carpal tunnel syndrome, and status post laceration of right thumb associated with an industrial injury date of September 12, 2013. Medical records from 2013-2014 were reviewed. The patient complained of constant right wrist/hand pain, rated 4-5/10 in severity. There was associated numbness and tingling. The pain increases with gripping, grasping, flexing, extending, rotating, and repetitive hand and finger movements. Physical examination showed tenderness of the right thumb and dorsal aspect of the right wrist. There was decreased range of motion of the right hand and right thumb. Phalen's test was positive. There was decreased sensation to soft touch and pinprick on the ulnar aspect of the right thumb. Motor and grip strengths were reduced. Imaging studies were not available. Treatment to date has included medications, physical therapy, and activity modification. Utilization review, dated March 21, 2014, denied the request for 12 physical therapy visits for the right hand/wrist because there was no sufficient information submitted for review and the requested sessions exceeded the recommended guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY VISITS FOR THE RIGHT HAND/WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, forearm wrist & hand.

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), Forearm, Wrist, & Hand Section, Physical/Occupational Therapy.

Decision rationale: As stated on pages 98-99 of the CA 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 1-3 physical therapy visits over 3-5 weeks for 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 previously underwent an unknown number of physical therapy sessions. Furthermore, there was no documentation of the previous physical therapy visits and there was no description regarding objective benefits derived from these sessions or a treatment plan with defined functional gains and goals. Recent progress reports did not document any acute exacerbation or flare-up of symptoms. Furthermore, the present request would exceed the number of physical therapy visits for the right hand/wrist as recommended by the guidelines. Therefore, the request for 12 physical therapy visits for the right hand/wrist is not medically necessary.