

Case Number:	CM14-0057778		
Date Assigned:	07/11/2014	Date of Injury:	03/28/2012
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old with a work injury dated 3/28/12. The diagnoses include status post right carpal tunnel release on September 20, 2012; status post excision of right volar ganglion cyst on July 15, 2013; probable right cervical radiculopathy; chronic right median neuropathy of the wrist; degenerative joint disease cervical spine with protrusions C2-C3-C4-C5-C6-C7. Under consideration is a request for physical therapy 12 sessions (2x6) right wrist. A primary treating physician report dated 3/3/14 states that the patient has begun her therapy with definite improvement. On examination of the right wrist, there is a well-healed non-tender incision without signs of infection. There is no soft tissue swelling and no obvious recurrence of the volar ganglion cyst. There is tenderness to palpation over the flexor compartment and carpal canal. There is no tenderness to palpation over the radiocarpal joint, triangular fibrocartilage or distal radioulnar joint as well as a positive Phalen's sign and median nerve compression sign. In addition there is a negative Tinel's sign in the peri-incisional area. Included is negative Finkelstein's sign, Watson's sign and Allen's sign. Not to mention a satisfactory range of motion of the digits and range of motion is dorsiflexion 50 degrees, palmar flexion 45 degrees, radial deviation 20 degrees, ulnar deviation 30 degrees, pronation 80 degrees and supination 80 degrees. There is patchy decreased sensation in the right upper extremity, most notably in the C6 and median nerve distribution. Patient is to continue a regimen of physiotherapy with multiple modalities to the affected body regions including hot and cold therapy, massage, ultrasound, electrical stimulation, manual deep tissue massage and infrared heat 2 times a week for 6 weeks. There is a 3/7/14 document from physical therapy stating that patient has had 12 therapy sessions noting the strength to be the same. The mobility is increased, function is the same and the activity tolerance is the same. Included is 1/7/14 certification for physical therapy two times a

week for six week for cervical spine and right wrist/hands. There is a 10/30/13 document stating that on July 25, 2013, the patient had removal of a ganglion cyst in the right wrist. Per documentation an MRI of the right wrist dated April 25, 2013, demonstrated a volar ganglion cyst with perforation of the triangular fibrocartilage complex (TFCC). She received post-op care and therapy with improvement; however, she remained symptomatic and has returned to work on a light-duty basis which she is tolerating well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions (2x6) right wrist: 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 p.98-99 Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition. The patient has already had 12 visits without evidence of significant improvement in function or analgesia. The request exceeds the recommended number of therapy visits for this condition. Additionally, without evidence of functional improvement as defined by the MTUS the request for Physical Therapy 12 sessions (2x6) right wrist is not medically necessary.