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| Case Number: | CM14-0062892 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 11/20/2009 |
| Decision Date: | 12/26/2014 | UR Denial Date: | 04/10/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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:

Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgery in 2012; unspecified amounts of physical therapy over the course of the claim; and the apparent imposition of permanent work restrictions. In a utilization review report dated April 10, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as 6 sessions of the same. A variety of MTUS and non-MTUS guidelines were invoked, including non-MTUS Chapter 6 ACOEM Guidelines, which has since been supplanted by the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a March 20, 2014, progress note, the applicant reported ongoing complaints of hand and wrist pain but the applicant had made great improvements in therapy, it was acknowledged. The applicant was given an operating diagnosis of De Quervain's tenosynovitis and CMC joint synovitis. The applicant apparently had a relatively well-preserved motion about the thumb and CMC joints despite some discomfort. An additional 12 sessions of physical therapy and a 5-pound lifting limitation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy sessions 2 x 6 for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, Page 114; Official Disability Guidelines: Physical/Occupational Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Section Page(s): 9.

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process, while page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continuing treatment. Here, however, the applicant's response to earlier treatment had not been clearly outlined. It was not clearly stated whether the applicant was or was not working with a rather proscriptive 5-pound lifting limitation in place. The applicant's response to earlier treatment was not, thus, clearly outlined, nor was it established why the applicant could not transition to self-directed home physical medicine at this late stage in the course of the claim, some 4-1/2 to 5 years removed from the date of injury. Therefore, the request was not medically necessary.