

Case Number:	CM14-0076734		
Date Assigned:	07/18/2014	Date of Injury:	02/25/2012
Decision Date:	12/25/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 48 year old female who was injured on 2/25/2012. She was diagnosed with cervical disc protrusion, throacic sprain/strain/myospasm, lumbar disc protrusion, lumbar spondyloisthesis, lumbar stenosis, left lateral epicondylitis, right forearm strain, right de Quervain's tenosynovitis, bilateral carpal tunnel syndrome, and left wrist fibrocartilage tear. She was treated with surgery (right wrist carpal tunnel resease 10/24/13), physical therapy (at least 34 sessions of post-op right wrist physical therapy with minimal improvement), TENS unit, and chiropractic treatments. On 4/2214, the worker was seen by her primary treating physician complaining of occasional moderate neck pain, back pain, left elbow pain, and right forearm pain/stiffness/cramping. She also reported intermittent mild to moderate left and right wrist pain/numbness/tinglNg/weakness. Physical findings included tenderness of left dorsal and volar wrist, tenderness of right dorsal and volar wrist, and pain with Phalen's test of the wrists. She was later recommended an additional 18 physical therapy sessions for her hand/wrist (no side included in request).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy three (3) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (updated 02/18/2014).

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

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that following a carpal tunnel release, up to 3-8 treatments of physical therapy over 3-5 weeks is recommended. The MTUS Chronic Pain Treatment Guidelines states that physical therapy in the form of passive therapy for the wrist is recommended by the MTUS Guidelines as an option for chronic arm/wrist pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for chronic pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case of this worker, there was a reported 34 physical therapy session of the right wrist, which is much more than recommended for both post-surgical or chronic pain. Additional physical therapy should be in the form of home exercise. There was no indication for which wrist (left or right) the physical therapy was. Therefore, without more specificity on the request, therefore the request for Physical Therapy is not medically necessary.