

Case Number:	CM13-0034622		
Date Assigned:	12/11/2013	Date of Injury:	09/01/2011
Decision Date:	01/28/2015	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/15/2013

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 Practice, 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 injured worker is a 56 year-old female who was injured on 9/1/11 when she fell forward onto her outstretched right hand. She complained of bilateral wrist and hand pain with numbness and tingling. On exam, she had tender basal thumb joint, positive Phalen's with negative Tinel's, positive compression test, and normal motor and sensory. Electrodiagnostic testing showed bilateral median neuropathy. She was diagnosed with carpal tunnel syndrome, right wrist ganglion cyst, flexor carpi radialis tenosynovitis. On 12/17/12, she had right carpal tunnel release, flexor carpi radialis tenosynovectomy, and right wrist ganglion cyst excision. The patient had 30 postoperative physical therapy sessions approved. As per the chart, she had therapy twice a week for 6 months with improvement but pain persisted. She was able to perform all activities of daily living. By 6/2013, she had completed another 9 of 12 physical therapy sessions with continued achiness and was said to be noncompliant. An 8/2013 MRI of the right wrist showed normal ligaments and tendons but mild fluid collection within the ulnocarpal and radialcarpal joint and a potential new ganglion cyst. His medications included Naproxen or Voltaren, Ultram and Prilosec or Protonix. The current request is for physical therapy of the left wrist which was denied by utilization review on 9/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left wrist: Upheld

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

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

Decision rationale: The request for physical therapy is considered not medically necessary. The patient had completed several sessions of physical therapy and should be proficient at continuing a home exercise program. She had been approved for greater than 30 postoperative physical therapy sessions. She also completed 9 out of 12 physical therapy sessions in 2013 but continued with pain. This already exceeded the recommended maximum for physical therapy. Additional physical therapy does not appear medically necessary. She continued with pain despite her therapy. There are no changes in subjective and objective findings that would warrant additional physical therapy. A home exercise program should be continued at this time. Therefore, the request is considered not medically necessary.