

Case Number:	CM14-0005128		
Date Assigned:	01/24/2014	Date of Injury:	04/13/2010
Decision Date:	04/07/2015	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 47-year-old female who sustained an industrial injury on 04/13/2010. She has reported cramping of both hands while performing computer work, and persistent and recurrent pain in both hands and forearms. Diagnoses include sprain of wrist, unspecified; carpal tunnel syndrome; and recurrent pain in both hands forearms and wrists radiating to palmar forearms. Treatment to date included physical therapy, medications for pain, and acupuncture. A progress note from the treating provider dated 12/23/2013 indicates the worker has tenderness over the volar wrist extending to the mid forearm bilaterally. There is full range of motion of the hands and wrists with pain. Tinel's and Finkelstein testing is negative bilaterally. There is no overt sensory deficit in the fingers of either hand. On 12/30/2013 Utilization Review non-certified a request for Physical Therapy for the bilateral wrists 2 times per week for 6 weeks. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the bilateral wrists 2 times per week for 6 weeks: 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 9792.24.2 Page(s): 22,46-47, 96-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Forearm and Hand.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of chronic musculoskeletal pain that did not respond to standard treatment with NSAIDs and activity modification. The use of physical therapy can result in increased range of motion, functional restoration and decreased pain. The records did not show subjective or objective findings of functional limitation. The examination of the wrists and hand was noted to show normal range of motion and function. The patient had previous completed supervised physical therapy programs. The guidelines recommend progression of a home exercise program after completion of supervised PT. The criteria for physical therapy for bilateral wrists 2 times a week for 6 weeks was not met.