MAXIMUS Federal Services

Case Number:	CM14-0190806		
Date Assigned:	11/24/2014	Date of Injury:	05/11/2011
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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:

The Injured worker is a forty-seven year old female who sustained a work-related injury on May 11, 2011. A request for physical therapy two times per week for six weeks for the bilateral wrists and hands was non-certified by Utilization Review (UR). After review of the submitted medical documentation, the UR physician determined that because the injured worker had participated in eighteen previous sessions of physical therapy during which the injured worker met her goals, the request for continued physical therapy was not medically necessary. A request for independent medical review was initiated on November 14, 2014. A review of the documentation submitted for independent medical review included an operative report dated May 16, 2014 which indicated that the injured worker underwent a left carpal tunnel release and tolerated the procedure well. Physician evaluations of May 22, 2014 and July 11, 2014 were reviewed which documented that the injured worker had ongoing pain and tenderness to palpation in both wrists. A progress reported dated October 3, 2014 was reviewed in which the evaluating physician documented that the injured worker continued to complain of pain in both wrists and hands. On physical examination the injured worker had tenderness to palpation over both wrists. Her grip strength was diminished and her range of motion remained limited. Her motor grip was a Grade 5/5 in both upper extremities and her sensory response over C5, C6 and C7 nerve roots was normal. The evaluating physician documented that the injured worker had undergone an open left carpal tunnel release on May 16, 2014 and had benefited significantly from post-surgical physical therapy. The evaluating physician recommended continued physical therapy to improve the injured worker's strength and function in both wrists and hands and to help alleviate her pain. The injured worker's work status was defined as temporarily totally disabled. The submitted documentation did not include previous physical therapy reports or details of specific functional improvement gained from the physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for bilateral wrists/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The postsurgical treatment guidelines recommend 3-8 visits of physical therapy over 3-5 weeks, and the postsurgical physical medicine treatment period is 3 months long. The injured worker is outside the postsurgical treatment period, so the chronic pain medical treatment guidelines apply. The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis receive 9-10 visits over 8 weeks. The injured worker has been injured for over 3 years and has completed at least 18 sessions of physical therapy. The number of sessions being requested is in excess of the recommendation of the MTUS Guidelines; therefore, this request is not medically necessary.