

Case Number:	CM14-0195239		
Date Assigned:	12/02/2014	Date of Injury:	08/02/2013
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/21/2014

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 American Board Internal 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:

Pursuant to the progress noted dated September 4, 2014, the IW complains of pain in the right wrist and neck, rated 5/10/ Physical examination reveals tenderness to palpation on the cervical spine and rhomboids. An abnormal sensory exam was noted and reduces sensation to light touch, pinprick too the right arm in the dermatomes of C5, C6, and C7. There was [positive Tinel's sign, right greater than left, a positive Phalen's sign, right greater than left. There are several prescriptions in the medical record for physical therapy (PT) to the right hand dated July 10, 2014 (8 sessions), August 7, 2014 (8 sessions), September 4, 2014 (unknown sessions), and October 30, 2014 (6 sessions). Documentation indicated that the IE has completed 5/6 authorized PT visits for her injury since August 2014. There is no objective functional improvement associated with prior PT documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right hand; 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 87-88, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 104. Decision based on Non-MTUS Citation ACOEM Chapter 6, pages 113-114

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy for the right-hand 2 times a week for 4 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). The guidelines allow for one to three visits over 3 to 5 weeks for carpal tunnel syndrome. In this case, the injured worker is 41 years old with a date of injury August 2, 2013. The documentation indicates the injured worker completed five of six physical therapy visits. The documentation, however, is unclear as to what and how many therapy sessions were directed to the right hand. Additionally, the injured worker should be formally assessed after a sixth as a clinical trial to determine the degree of objective functional improvement. There is no documentation of objective functional improvement because the injured worker has not completed the six visit clinical trial. Consequently, absent the appropriate clinical documentation and the six visit clinical trial directed to the right hand, physical therapy to the right-hand two times a week for four weeks is not medically necessary.