

Case Number:	CM14-0199717		
Date Assigned:	12/10/2014	Date of Injury:	02/28/2012
Decision Date:	01/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of February 28, 2012. A utilization review determination dated November 14, 2014 recommends noncertification of physical therapy for the wrists. Noncertification was recommended since the patient has undergone 12 therapy sessions for the right wrist and 12 therapy sessions for the left wrist with no documentation as to why an independent program of home exercise would be insufficient to address any remaining functional deficits. A report dated July 22, 2014 indicates that the patient has undergone therapy on multiple occasions. A progress report dated October 7, 2014 identifies subjective complaints indicating that she has undergone surgery in the cervical spine as well as her wrists. Physical examination reveals tenderness over the cervical spine with normal range of motion. Diagnoses include intractable cervical spine pain, cervical radiculopathy, status post cervical fusion in 2012, and status post carpal tunnel release surgeries. The treatment plan recommends continuing the patient's current medications. A report dated August 19, 2014 states that the patient underwent carpal tunnel release surgery in September 24, 2013 and March 12, 2014 and underwent postoperative therapy. Current complaints include pain in the shoulders, upper extremities, hands, and fingers with numbness and tingling. Physical examination findings reveal normal range of motion of the wrists with well-healed incisions. The treatment plan recommends consideration of an epidural injection, continuing medication, and reevaluation with a neurosurgeon. A progress report dated October 8, 2014 recommends starting a course of physical therapy for her bilateral wrists.

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, twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Physical medicine treatment, Forearm, Wrist, and Hand Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 1-3 visits for medical treatment of CTS. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many sessions of therapy the patient has previously undergone, making it impossible to determine whether the amount previously provided when combined with the currently requested number exceeds the maximum quantity recommended by guidelines for this patient's diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.