

Case Number:	CM14-0202341		
Date Assigned:	12/12/2014	Date of Injury:	09/16/2013
Decision Date:	02/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/03/2014

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 Interventional Spine 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 patient is a 54 year old female with an injury date of 09/16/13. Per the 08/05/14 report, the patient presents with worsening, constant pain in the bilateral wrists with radiation to both hands with associated tingling and weakness in the right hand and weakness in the left hand. Pain is rated 4-8/10. The patient is not working. Examination reveals tenderness to palpation over the cervical paraspinal muscles; moderate to mild tenderness to palpation over the ulnar aspect of the bilateral wrists with positive Tinel's sign on the right; and diminished sensation in the right C7 and C8 dermatomes of the upper extremities. MRI right wrist 09/16/14 provides the following impression: 1. Multilobulated ganglion cyst between first-second metacarpal bases, 4 mm. 2. Mild cartilage thinning first CMC joint. MRI left wrist 01/17/14 within normal limits cited by treater. EMG/NCS left wrist 01/07/14 cited by treater: shows no evidence of ulnar nerve neuropathy. The patient's diagnoses include: 1. Strain/sprain of the left wrist. 2. Carpal tunnel for the right wrist/hand. The patient limits household chores and driving due to pain and intermittent heartburn through use of NSAID's is relieved by use of Prilosec. Additional medications are listed as Tramadol, Flexeril and Menthoderm. The utilization review dated 11/20/14 denied the request for 10 physical therapy sessions as no documentation of functional gains or explanation as to why home therapy was not adequate is provided. The UR also notes 16 sessions of prior therapy. Reports were provided for review from 03/21/14 to 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice weekly, unspecified laterality, hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines

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

Decision rationale: The patient presents with worsening pain in the bilateral wrists with radiation to both hands. The current request is for Physical therapy twice weekly, unspecified laterality, hand/wrist. The 10/20/14 utilization review states this request is for Qty 10 and is for twice weekly for 5 weeks, bilateral hands and wrists per report of 11/10/14. This report is not provided for independent review. An 08/04/14 report is provided showing a request for 2 x 5 weeks of physical therapy. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The treater states on the 10/07/14 report that physical therapy is requested to, "...focus on joint range of motion, soft tissues modalities and core stretching and strengthening." The 08/01/14 report states the patient was seen 09/16/13 by [REDACTED] for the left wrist and was treated with modified work, medications and physical therapy. It appears that the patient's bilateral wrist and hand pain is worsening. She has received physical therapy in the past but the number of sessions and dates is not clear. No prior therapy treatment reports are provided and there is no evidence the patient is within a post-surgical treatment period. The utilization review states the patient previously completed 16 sessions of physical therapy; however, the UR does not state the dates. In this case, there is no discussion of the patient's physical therapy treatment history to understand whether or not therapy helps. There is no discussion of a transition to a home treatment program. Finally, the request for 10 sessions combined with the prior sessions received, may exceed what is allowed by MTUS. The request is not medically necessary.