

Case Number:	CM14-0208305		
Date Assigned:	12/19/2014	Date of Injury:	11/01/2008
Decision Date:	02/24/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/11/2014

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 62 year old female patient with an injury date of 11/01/2008. The mechanism of injury is not provided in the supporting documentation. She was diagnosed lumbar disc disease and lumbar spine radiculopathy. She was treated with medications and occupational therapy. She underwent a right carpal tunnel release on 1/22/14. An orthopedic re-evaluation dated 06/09/2014 described the patient being status post right carpal tunnel release on 01/22/2014 and was gradually recovering. She has not regained all strength back as of yet and she still complained of numbness in the left thumb, index and middle fingers. Physical examination found mild thenar atrophy to bilateral wrists and well healed right incision. Her range of motion noted as within normal limits to bilateral wrists. Provocative testing showed positive findings in Phalen's and Durkan's to the left side. She was diagnosed with; status post right carpal tunnel release and left carpal tunnel syndrome. A primary treating physician visit dated 06/11/2014 described the right index finger tip with diminished sensation. She was diagnosed with cervical spine strain, lumbar spine disc bulges, right wrist surgery, left carpal tunnel syndrome, probable right knee internal derangement, probable left knee internal derangement and other problems unrelated to current evaluation. She completed additional physical therapy for the right wrist and low back from 8/2014 to 10/2014 without significant improvement. On 10/22/14, the worker was seen by her primary treating physician reporting no new symptoms, but continual pain in her neck, low back, bilateral wrists, and bilateral knees. She reported that her right wrist was still causing a lot of pain, even after the physical therapy. Physical examination revealed tenderness of the right wrist. A request for services was dated 11/04/2014 asking for 12 sessions of physical

therapy treating lumbar spine, right hand/wrist. PThe Utilization Review denied the request as not meeting medical necessity requirements.

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 and wrist and cervical and lumbar spine, twelve visits:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 98-99.

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back, wrist, and neck is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/myositis pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In this case, there was limited benefit from recent physical therapy for the wrist and no evidence of functional improvements found in the documentation provided for review. No records were provided to describe her previous physical therapy closer to the time of her injury years prior. Based on the evidence provided for review, there is no documentation to support the need for additional physical therapy. Therefore, this request is not medically necessary.