

Case Number:	CM15-0006572		
Date Assigned:	01/21/2015	Date of Injury:	05/31/2013
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female who suffered a work related injury on 05/31/13. Per the physician notes from 11/20/14, she complains of residual pain. There is no documentation of the location of the pain. Authorization was documented for carpal tunnel release and release of trigger thumb. On 05/31/13, the Claims Administrator non-certified physical therapy treatments, citing MTUS guidelines. This non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physio-Therapy sessions for right wrist and right hand: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under Physical/ Occupational therapy

Decision rationale: Based on the 11/06/14 progress report provided by treating physician, the patient presents with continued right shoulder and wrist pain. The request is for TWELVE (12) PHYSIO-THERAPY SESSIONS FOR RIGHT WRIST AND RIGHT HAND. Patient's diagnosis per Request for Authorization form dated 11/25/14 included cervical sprain/strain, shoulder tendinitis/bursitis, wrist tendinitis/bursitis, and hand sprain/strain. Treater states in progress report dated 11/06/14 "We are requesting twelve sessions of physiotherapy as recommended by the QME for the right wrist. Given that the QME indicated that this was preferable to the surgical intervention, it is our hope that the authorization will be received so that we may attempt to avoid the surgery as recommended by the QME." The patient is temporarily totally disabled, as "she does not feel ready to return to the workplace with restrictions." ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under Physical/Occupational therapy states: "ODG Physical/Occupational Therapy Guidelines allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Synovitis and tenosynovitis (ICD9 727.0): Medical treatment: 9 visits over 8 weeks. Post-surgical treatment: 14 visits over 12 weeks." Per Operative Report dated 11/25/14, the patient underwent "right carpal tunnel release, right flexor compartment tenosynovectomy, right median nerve neurolysis, right wrist anesthetic block, and right thumb trigger finger release." It appears treater has opted for surgical intervention. The patient is within postoperative treatment period. In light of patient's post-operative status, the request for physical therapy is in accordance with guideline recommendations. Therefore, the request IS medically necessary.