MAXIMUS Federal Services

Case Number:	CM15-0009834		
Date Assigned:	01/27/2015	Date of Injury:	12/27/2012
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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: Emergency Medicine

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 (IW) is a 60 year old female, who sustained an industrial injury on 12/27/2012. She has reported pain and swelling of right thumb and palm. The diagnoses have included overuse syndrome, sprain and strain of the right hand, carpal tunnel syndrome confirmed by electromyogram 3/20/13, Magnetic Resonance Imaging (MRI) 6/19/13 confirmed cystic changes, mild bone marrow edema, suggestion of a sprain of the volar band, and complex regional pain syndrome(CRPS). Treatment to date has included rest, activity restriction, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, twelve (12) chiropractic therapy sessions, and a diagnostic sympathetic ganglion block 6/19/14/, and home exercise. Currently 12/15/14, the IW complains of constant right wrist and hand pain rated 8/10 VAS with associated numbness to fingers. Physical examination documented current occupational therapy once a week, and improved right grip strength after injection 8/7/14. Diagnoses included bilateral wrist degenerative changes, mile carpal with cyst, tenosynovitis, and interphalangeal joint volar plate injury. There were no current self administered medications for this condition at the time of the office visit. Plan of care included continuing conservative treatment, home exercises, stretches and continuing therapy. MRIs and electrodiagnostic reports were reviewed. On 12/18/2014 Utilization Review non-certified physical therapy for the cervical spine and bilateral wrists two to three (2-3) times weekly for four (4) weeks, noting the documentation did not support the need for services above a home exercise program. The MTUS Guidelines were cited. On 1/16/2015, the injured worker submitted an application for IMR for review of physical

therapy for the cervical spine and bilateral wrists two to three (2-3) times weekly for four (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 x 4 for the cervical spine and bilateral wrists: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to a maximum of 10 PT sessions for the diagnosis listed. Patient has already completed unknown number of prior sessions with no appropriate documentation of prior response to treatment. The provider requested an additional sessions but total number requested was not provided. The provider has failed to provide any rationale or reasoning for additional sessions. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions is necessary. This is also an incomplete request with a request for 8 to 12 sessions with no definitive total of sessions requested. Additional Physical Therapy is not medically necessary.