

Case Number:	CM15-0131887		
Date Assigned:	07/16/2015	Date of Injury:	03/17/2011
Decision Date:	08/13/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of March 17, 2011. In a Utilization Review report dated June 30, 2015, the claims administrator partially approved a request for six sessions of physical therapy as three sessions of the same. The claims administrator referenced a June 9, 2015 progress note in its determination. The claims administrator referenced the MTUS Postsurgical Treatment Guidelines in its determination, it was incidentally noted. The applicant's attorney subsequently appealed. On March 23, 2015, the applicant reported ongoing complaints of right upper extremity pain apparently attributed to cumulative trauma from repetitive data entry at work. Burning pain and paresthesias were reported. The applicant had undergone third and fourth trigger finger release procedures as well as carpal tunnel release surgery, it was reported on this date. In the surgical history section the note, it was stated that the applicant had undergone the carpal tunnel release surgery and third and fourth digit release surgeries on February 6, 2015. The applicant was still smoking, it was reported. The applicant was placed off of work. Protonix and Neurontin were renewed and/or continued. The applicant was having difficulty gripping and grasping at this point, it was incidentally noted. On June 9, 2015, the applicant reported ongoing complaints of hand and wrist pain. It was stated that the applicant had two pending physical therapy treatments. The applicant reported paresthesias about the contralateral left hand. Once again, it was reported that the applicant had undergone the carpal tunnel and trigger finger release surgeries on February 6, 2015. 5/5 upper extremity strength was reported. The applicant was given prescriptions for Norco and Topamax. The applicant was

asked to discontinue Neurontin. The applicant was placed off of work, on total temporary disability. Additional physical therapy was nevertheless sought. The applicant was also asked to use a right wrist splint.

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 wrist, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Physical Medicine Guidelines Page(s): 8; 99.

Decision rationale: No, the request for six additional sessions of physical therapy for the right wrist was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier trigger finger release surgery of February 6, 2015 as of the date of the request, June 9, 2015. The applicant was likewise outside of the three-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier carpal tunnel release surgery of February 6, 2015 as of the date of the request, June 9, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnoses reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, June 9, 2015. The applicant remained dependent on opioid agents such as Norco, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy through the date of the request. Therefore, the request was not medically necessary.