

Case Number:	CM15-0138120		
Date Assigned:	07/28/2015	Date of Injury:	08/25/2014
Decision Date:	08/26/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/16/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 26 year old female, who sustained an industrial injury on August 25, 2014. The injured worker reported numbness, tingling, pins, and needles with sharp pain to the hand secondary to work activities that gradually increased becoming constant. The injured worker was diagnosed as having ganglion cyst and thoracic subluxation. Treatment and diagnostic studies to date has included chiropractic therapy, medication regimen, bilateral wrist splints, and occupational therapy. In a progress note dated June 12, 2015 the treating chiropractor reports complaints of pain to the bilateral wrists, neck, low back pain, and the thoracic spine. Examination reveals decreased range of motion with pain, positive Phalen's, positive modified Phalen's, and positive Finklestein's testing, along with palpable tenderness. The injured worker's pain level was rated a 6 to 7 out of 10 to the left wrist, neck, and the low back; a 3 to 4 out of 10 to the right wrist, and 8 out of 10 to the thoracic spine. The medical records provided noted prior occupational therapy of an unknown quantity, but the documentation did not indicate if the injured worker experienced any functional improvement with the prior therapy. The treating physician requested eight sessions of physical therapy to the bilateral wrists, but the documentation provided did not indicate the specific reason for the requested therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Hand/wrist guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. The patient is noted to have attended 8 sessions to date of therapy for the wrist, and it is unclear as to what functional gains were made during therapy. In the absence of such documentation, the current request for physical therapy is not medically necessary.