

Case Number:	CM15-0145266		
Date Assigned:	08/06/2015	Date of Injury:	08/07/2011
Decision Date:	09/03/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 is a 61 year old female, who sustained an industrial injury on August 07, 2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical stenosis and cervical radiculopathy. Treatment and diagnostic studies to date has included status post cervical six to seven anterior cervical discectomy and fusion performed on February 04, 2015, status post transforaminal epidural steroid injection at cervical six to seven with nerve block at cervical seven, magnetic resonance imaging of the cervical spine, medication regimen, and home exercise program. In a progress note dated January 26, 2015 the treating physician reports complaints of pain to the neck that radiates down the arm with numbness and tingling. Examination revealed decreased range of motion to the cervical spine with pain, tenderness to the cervical paraspinal muscles, positive Spurling's testing, positive Tinel's testing to the right hand, and decreased sensation to the cervical seven dermatome. In a progress note from March 23, 2015 the treating physician noted that the injured worker was slowly improving. The treating physician requested three times four weeks of physical therapy to the right wrist with the progress note from March 23, 2015 indicating no prior post-operative physical therapy, but noted a request for eight sessions of physical therapy at two times four weeks for strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right wrist for 3 X 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right wrist for 3 to 4 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical stenosis, cervical radiculopathy and status post carpal release surgery. The date of injury is August 7, 2011. Request authorization is July 7, 2015. Utilization review references a July 7, 2015 progress note. There is no July 7, 2015 progress note in the medical record. The most recent progress note in the medical record is dated March 23, 2015, but does not discuss the right wrist and right wrist surgery. According to the utilization review, the injured worker underwent right carpal release surgery on June 18, 2015. The guidelines recommend 3-8 physical therapy sessions over 3-5 weeks. The treating provider requested 2-3 physical therapy sessions over four weeks (8-12). This exceeds the recommended guidelines. As noted above, there is no progress note documentation with compelling clinical facts to warrant additional physical therapy over the recommended guidelines. Consequently, absent guideline recommendations for an excessive number of physical therapy sessions, physical therapy right wrist for 3 to 4 weeks is not medically necessary.