

Case Number:	CM15-0145506		
Date Assigned:	08/06/2015	Date of Injury:	08/24/2014
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
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, Hawaii

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 was a 55-year-old female, who sustained an industrial injury, August 24, 2014. The injured worker previously received the following treatments Ibuprofen, Alprazolam, Alendronate, Zolpidem, Melatonin, Citalopram, Bupropion, right carpal tunnel surgery, left hand x-rays showed mild generative changes and mild osteopenia. The injured worker was diagnosed with carpal tunnel syndrome, trigger finger, left ring finger and pain in the limb, depression, sleep disorder, anxiety and osteoporosis. According to progress note of June 22, 2015, the injured worker's chief complaint was bilateral hand and wrist pain. The injured worker described the pain was constant and sharp. The physical exam noted no tenderness with palpation of the bilateral wrists and hands. All testing of the bilateral wrists and hands were negative. The range of motion of the left thumb was moderately decreased. The injured worker was unable to make an active fist with the fingers, but there were no obvious contractures. The right thumb and fingers were moderately decreased. The injured worker actively could not make a full fist with the fingers. The passive motion revealed active resistance against full flexion of the digits, but there were no obvious joint contractures. The treatment plan included outpatient physical therapy for the bilateral hands and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (pt) to bilateral hands/wrists two-three times a week for four weeks: Upheld

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

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

Decision rationale: The patient presents with bilateral hand and wrist pain with stiffness. The current request is for outpatient physical therapy (pt) to bilateral hands/wrists 2-3 x 4 weeks. The patient underwent right carpal tunnel release surgery on 12/5/14. The treating physician states that the patient requires physical therapy to help with her motion. There is no documentation of any recent surgery and in fact, the physician states that the patient is not a surgical candidate. There is no documentation of any new injury, diagnosis or surgery to necessitate the requested 8-12 physical therapy sessions. The MTUS guidelines recommend 8-10 physical therapy sessions for myalgia and neurites type conditions. In this case, the treating physician has not provided documentation to support additional physical therapy as the patient did receive post-surgical physical therapy following the 12/5/14 surgery. The current request is not medically necessary.