

Case Number:	CM15-0146608		
Date Assigned:	08/07/2015	Date of Injury:	03/25/2014
Decision Date:	09/03/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

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:

This 55 year old male sustained an industrial injury on 3-25-14. He subsequently reported bilateral hand and wrist pain. Diagnoses include status post carpal tunnel release. Treatments to date include x-ray and MRI testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience bilateral wrist and hand pain. Upon examination, there is tenderness over the volar aspect of the wrist. Range of motion was full but painful and residual weakness. A request for Cervical Epidural Steroid Injection C4-C5, C5-C6 and C6-C7 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine 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, 12 physical therapy sessions to the bilateral wrists 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 committee 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 diagnosis is carpal tunnel syndrome, status post release. Date of injury is March 25, 2014. The request for authorization is July 6, 2015. The injured worker had a left carpal tunnel release and was authorized 12 post-operative physical therapy visits. According to the most recent progress note dated June 29, 2015, subjectively the injured worker complains of intermittent pain in the bilateral wrists and hands. Objectively, the physical examination appears to reference the left wrist/hand only. The treatment plan indicates the treating provider wants a course of physical therapy to the left hand three times per week times four weeks. There is no clinical indication for bilateral physical therapy. Subjectively, there appears to be intermittent pain in the bilateral wrists and hands. Objectively, the examination is limited to the left wrist/hand. Consequently, absent clinical documentation of right-sided wrist and hand pain, right sided objective findings of the wrist and a treatment plan requesting 12 physical therapy sessions to the left-hand, 12 physical therapy sessions to the bilateral wrists is not medically necessary.