

Case Number:	CM15-0148333		
Date Assigned:	08/11/2015	Date of Injury:	03/13/2010
Decision Date:	09/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/30/2015

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 51 year old female who sustained an industrial injury on 3-13-10. Although the nature of her injury is unavailable, the medical record indicates that she "developed numbness in her bilateral hands". She has a history of left carpal tunnel release in 2010 and right carpal tunnel release in 2011. She was referred to orthopedics for consultation. Her initial orthopedic consult was 7-8-14. She complained of worsening numbness and "started waking at night". Physical therapy was initiated. The medical record indicates that there "may have been some improvement with the numbness, but her symptoms are still persistent". She also complained of "persistent soreness in her wrists and palms", but indicated that "the numbness was the problem when sleeping". She, then, reported that she felt "the pain is much more a component than the numbness". There was swelling noted over the dorsal aspect of the left wrist. She was taking anti-inflammatory medications at that time. Findings indicated a dorsal ganglion cyst. Treatment was for aspiration of the cyst, as well as a cortisone injection. In December 2014, she had an MRI arthrogram of the left wrist, which was documented as being "unsuccessful raising possibility of capsular tear with extravasations" in March 2015. The treatment plan was to proceed with surgical consult. The January 2015 note indicates that the injured worker "was hesitant with proceeding forward with further treatment". She has been treated with Lyrica and Mobic, as well as acupuncture. The medical records indicate that physical therapy was to be considered following acupuncture treatments. Acupuncture was discontinued according to the January 2015 note. The note also indicated that the acupuncture treatments had "no benefit". Follow-up for physical therapy treatment in unavailable in the

provided documentation, the last provided documentation is January 2015 from the orthopedic surgeon and March 2015 from the primary care provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the bilateral hands 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, & Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional 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 documentation of completion of 12 prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.