

Case Number:	CM15-0160434		
Date Assigned:	08/26/2015	Date of Injury:	03/18/2014
Decision Date:	10/02/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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 is a 42 year old female, who sustained an industrial injury on March 18, 2014. The injured worker was diagnosed as having bilateral median neuropathy. Treatment to date has included acupuncture, physical therapy and medication. A progress note dated July 3, 2015 provides the injured worker complains of wrist and hand pain with the left rated 5 out of 10 and the right rated 6 out of 10. Physical exam notes positive Tinel's and Phalen's test with diminished sensation bilaterally. The plan includes additional physical therapy, acupuncture and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy bilateral wrists/hands 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 474.

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

Decision rationale: The patient presents with a diagnoses of bilateral median neuropathy. The patient currently complains of wrist and hand pain. Physical examination notes positive Tinel's and Phalen's test with diminished sensation bilaterally. The current request is for 8 sessions of physical therapy for bilateral wrists/hands. The treating physician states in the treating report dated 7/3/15 (472b), "This is a request for additional physical therapy bilateral wrists/hands at 2 times per week for 4 weeks. Emphasis on active therapy. Objective improvement is appreciated with physical therapy to date. Anticipate further advancement in disability status." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, the clinical history fails to document the number of physical therapy treatments to date. Additionally, there is no documentation of neither subjective nor objective benefits from prior PT. Additionally, there is no basis for why the patient cannot continue with rehabilitation on a home exercise program basis. The current request is not medically necessary.