

Case Number:	CM15-0160889		
Date Assigned:	08/27/2015	Date of Injury:	12/20/2013
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
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

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 40-year-old male, who sustained an industrial injury on December 20, 2013. He reported right wrist and hand pain. Treatment to date has included medication, cortisone injection, surgery, MRI, x-rays, right wrist wrap, CT scan, occupational therapy, acupuncture and electrodiagnostic study. Currently, the injured worker complains of right wrist pain and numbness. The injured worker is currently diagnosed with carpal tunnel syndrome. His work status is temporary partial disability. A note dated April 13, 2015, states the injured worker did not experience therapeutic benefit from occupational therapy and acupuncture. A progress note dated July 20, 2015 states the injured worker experienced therapeutic efficacy from the cortisone injection. Physical therapy, 12 sessions (2 times a week for six weeks) for the right wrist, is requested to decrease pain and restore function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The patient presents with right hand pain. The request is for physical therapy 2 times a week for 6 weeks, right wrist. Patient is status post right carpal tunnel release surgery, 08/18/15. Examination to the right hand on 08/12/15 revealed tenderness to palpation over the dorsum of the right wrist. Patient's treatments have included medication, image studies, and acupuncture. Per 08/13/15 progress report, patient's diagnosis include avascular necrosis of wrist bone lunate, status post of right wrist with arthrodesis fusion, possible neuropathy, right wrist strain, gastrointestinal distress, right median neuropathy, right carpal tunnel syndrome, and right TFCC tear. Patient's medications, per 07/20/15 progress report include Tramadol, Flexeril, and Prilosec. Patient is temporarily partially disabled. The MTUS Chronic Pain Management Guidelines, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." MTUS Post-Surgical Guidelines, page 16, Carpal Tunnel Syndrome, has the following: "3-8 visits over 3-5 weeks, postsurgical physical medicine treatment period: 3 months." The treater has not specifically discussed this request; no RFA was provided either. The utilization review letter dated 08/06/15 modified the request to 6 physical therapy visits. The patient is status post right carpal tunnel release. Review of the medical records provided did not indicate prior physical therapy. MTUS guidelines recommend up to 10 sessions of physical therapy over 8 weeks and up to 8 sessions of post-operative visits over 3 months. The patient is within the post-operative time frame, as the surgery was on 08/18/15. However, the requested 12 sessions exceeds guideline recommendations and therefore, is not medically necessary.