MAXIMUS Federal Services

Case Number:	CM15-0164894		
Date Assigned:	09/02/2015	Date of Injury:	08/06/2012
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts
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 55 year old female who sustained an industrial injury on August 06, 2012. The worker was employed by a school district as a cafeteria staff member. The accident was described as experiencing cumulative trauma over the course of employment resulting injury. She is with subjective complaint of musculoskeletal pain and discomfort involving bilateral hands; continued anxiety and stress and weight gain. Previous treatment modality to include: activity modification, medications, physical therapy course, acupuncture care, consultation, and subsequent surgery on the right first dorsal compartment December 2014. The following diagnoses were applied: right wrist sign and symptom of carpal tunnel syndrome; left wrist sign and symptom of carpal tunnel syndrome; De Quervain's tenosynovitis ulnar, and right thumb tenosynovitis. The plan of care noted a post-operative physical therapy course completed with noted mild improvement in pain, strength and mobility. She continues with complaint of numbness and tingling of bilateral wrists with note of referred for orthopedic consultation of left wrist. She is to continue with cognitive therapy. There is recommendation for additional physical therapy session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy re-evaluation and treatment, 3 x week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a cumulative, work injury with date of injury in August 2012 and underwent a right deQuervain's release in December 2014. She had physical therapy prior to and subsequent to surgery with case notes reference in completion of 12 postoperative physical therapy treatments. When seen, there was bilateral wrist tenderness. Finkelstein's testing was positive bilaterally. There was decreased bilateral wrist, finger, and grip strength with pain. There was decreased and painful wrist range of motion. Additional physical therapy was requested. After the surgery performed, guidelines recommend up to 14 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy as well as extensive therapy prior to surgery with similar therapeutic content. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.