

Case Number:	CM15-0169541		
Date Assigned:	09/15/2015	Date of Injury:	07/01/2014
Decision Date:	10/14/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 46 year old female, who sustained an industrial injury on July 1, 2014. Medical records indicate that the injured worker is undergoing treatment for tenosynovitis of the hands and wrists, pain in the joint of the hand and bilateral wrist tendinitis with residual weakness. The injured worker was to return to work on July 21, 2015 with modifications. Current documentation dated July 20, 2015 notes that the injured worker reported bilateral wrist and hand pain with progressive pain weakness. Objective findings included tenderness over the bilateral hands and wrists. Treatment and evaluation to date has included medications, x-rays of the bilateral hands, electrodiagnostic studies, ice-heat applications, occupational therapy, acupuncture treatments, physical therapy (amount unspecified), urine drug screen (6-15-2015) and a function capacity evaluation (6-9-2015). The x-rays of the hands (date unspecified) revealed no increase in osteoarthritis. Current medications include Gabapentin-Pyridoxine, Orphenadrine-Caffeine, Omeprazole-Flurbiprofen and topical analgesics. Current requested treatments include a request for physical therapy to the bilateral wrists two times a week for four weeks for strengthening and to regain function of the bilateral wrists. The Utilization Review documentation dated August 3, 2015 non-certified the request for physical therapy to the bilateral wrists two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Bilateral Wrists 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a repetitive motion work injury with date of injury in July 2014 occurring while working as a dialysis nurse. When seen in March 2015 she had received occupational therapy treatments, provided one or two sessions at a time with long periods of time between treatments. She had attended an occupational therapy session the week before which had not been of benefit. She was seen for a functional capacity evaluation in June 2015 and had completed six physical therapy treatments and three acupuncture sessions which had helped to decrease her discomfort. When seen by the requesting provider, she was having progressive pain and weakness. Physical examination findings included bilateral hand and wrist tenderness. Recommendations included eight sessions of therapy for strengthening and to regain function. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be any more effective than previously. The request is not medically necessary.