

Case Number:	CM15-0183407		
Date Assigned:	09/24/2015	Date of Injury:	11/11/2014
Decision Date:	10/29/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/17/2015

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: Emergency Medicine

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 31 year old female, who sustained an industrial injury on 11-11-2014. Medical records indicate the worker is undergoing treatment for status post left cubital tunnel and left carpal tunnel release, performed on 4-27-2015. A recent progress report dated 8-19-2015, reported the injured worker reported for a postoperative follow up visits and was doing well and reported hand swelling. Pain was not addressed-documented on this visit. Physical examination revealed "essentially normal range of motion and healed incisions". Grip strength was 0-2-2 in the left hand and 36-32-32 in the right hand. Treatment to date has included at least 20 postoperative physical therapy sessions, Motrin during the day for pain control and Norco for pain at night. The injured worker had returned to work with restrictions. On 8-19-2015, the Request for Authorization requested Additional physical therapy 2 times a week for 4 weeks and Norco given on 08-19-15. On 8-28-2015, the Utilization Review noncertified the request for Additional physical therapy 2 times a week for 4 weeks and Norco given on 08-19-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The requested Additional physical therapy 2 times a week for 4 weeks is medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has reported for a postoperative follow up visits and was doing well and reported hand swelling. Pain was not addressed-documented on this visit. Physical examination revealed "essentially normal range of motion and healed incisions". Grip strength was 0-2-2 in the left hand and 36-32-32 in the right hand.

Treatment to date has included at least 20 postoperative physical therapy sessions, Motrin during the day for pain control and Norco for pain at night. The injured worker had returned to work with restrictions. The injured worker is beyond the post-op time period. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Additional physical therapy 2 times a week for 4 weeks is not medically necessary.

Norco given on 08/19/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing.

Decision rationale: The requested Norco given on 08/19/15 is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has reported for a postoperative follow up visits and was doing well and reported hand swelling. Pain was not addressed-documented on this visit. Physical examination revealed "essentially normal range of motion and healed incisions". Grip strength was 0-2-2 in the left hand and 36-32-32 in the right hand. Treatment to date has included at least 20 postoperative physical therapy sessions, Motrin during the day for pain control and Norco for pain at night. The injured worker had returned to work with restrictions. The treating physician has documented functional benefit, i.e. returning to work duty with this low opiate load narcotic. The criteria noted above having been met, Norco given on 08/19/15 is medically necessary.