

Case Number:	CM15-0183861		
Date Assigned:	09/24/2015	Date of Injury:	08/27/2012
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/18/2015

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 53 year old female, who sustained an industrial injury on 8-27-2012. The medical records indicate that the injured worker is undergoing treatment for status post bilateral open carpal tunnel release. According to the progress report dated 8-24-2015, the injured worker reports that she is still having some slight numbness. In addition, she notes bilateral forearm flexor pain. The level of pain is not rated. The physical examination of the bilateral hands reveals a negative Tinel's sign, positive palpation along the flexor tendons, and positive Fremont's test. The current medications are Norco, Gabapentin, Nabumetone, Ibuprofen, and Vicodin. Previous diagnostic studies were not noted. Treatments to date include medication management, night splints, and surgical intervention. Work status is described as full duty. The original utilization review (8-31-2015) had non-certified a request for 8 physical-occupational therapy sessions to the bilateral wrists and hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy/Physical therapy Bilateral wrists/hands 2 x 4: Upheld

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): Physical Medicine.

Decision rationale: Review indicates the patient is s/p bilateral carpal tunnel release in 2014 with last one on right on 3/21/14; however, continues to treat from chronic symptoms. Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Occupational therapy/Physical therapy bilateral wrists/hands 2 x 4 are not medically necessary and appropriate.