

Case Number:	CM15-0185955		
Date Assigned:	09/28/2015	Date of Injury:	06/05/2014
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 58 year old female, who sustained an industrial injury on 6-5-2014. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome status post open release of the right carpal tunnel on 6-2-2015, right knee pain status post total knee replacement 11-2014, right hip pain, and lumbago. On 8-12-2015, the injured worker reported pain in the right volar wrist and scar areas rated 5 out of 10 on average, with mild numbness and tingling to the right middle finger and right index finger after surgery, and low back pain, right shoulder pain, and right knee pain. The Primary Treating Physician's report dated 8-12-2015, noted the injured worker attending occupational therapy noting it was "helping", with 2 sessions left and with difficulty and pain with cutting, bathing and other activities of daily living (ADLs) which involved strenuous gripping and grasping of the right hand. The injured worker's current medications were noted to include Atorvastatin. The physical examination was noted to show the scar supple but tender with intact sensory and vascular examinations. The injured worker was noted to be unable to make a complete fist with the right hand. The entire right knee was noted to be tender. No new local changes were noted to the lumbar spine. Prior treatments have included right carpal tunnel release on 6-2-2015, total knee replacement in 2014, TENS, and at least 28 sessions of physical therapy. The treatment plan was noted to include additional post-operative occupational therapy and physical therapy, with Voltaren gel to the right knee. The injured worker was noted to be temporarily totally disabled. The physical therapy note dated 8-12-2015, noted the injured worker having completed 4 out of 8 approved sessions with improvement in range of motion (ROM), pain, and

grip strength and a good response to therapy. The physical therapy note dated 5-18-2015, noted the injured worker having completed 7 out of 8 visits with pain in the low back rated a 2 out of 10, noted to be 6 out of 10 at the initial evaluation. The request for authorization dated 8-18-2015, requested additional occupational therapy 2 times a week for 4 weeks right wrist and additional physical therapy 2 times a week for 3 weeks, right knee. The Utilization Review (UR) dated 8-25-2015, denied the requests for additional occupational therapy 2 times a week for 4 weeks right wrist and additional physical therapy 2 times a week for 3 weeks, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational therapy 2 times a week for 4 weeks right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: Review indicates the patient is s/p carpal tunnel release in June 2015 with 8 authorized postop OT visits. The Post-surgical treatment guidelines for post carpal tunnel release recommend 3-5 therapy visits up to 8 for open surgical approach over 3-5 weeks for a 3 month rehab treatment period with benefits needing to be documented after the first week as prolonged therapy visits are not supported. The patient had 8 post-op therapy sessions without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. The patient has received enough therapy sessions recommended for this post-surgical period. The additional occupational therapy 2 times a week for 4 weeks right wrist is not medically necessary and appropriate.

Additional Physical therapy 2 times a week for 3 weeks, right knee: 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: Review indicates the patient is s/p knee surgery in 2014 with at least 28 postop PT sessions completed. Chronic treatment guidelines are applicable. Physical 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy

with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The additional physical therapy 2 times a week for 3 weeks, right knee is not medically necessary and appropriate.