

Case Number:	CM15-0186044		
Date Assigned:	10/06/2015	Date of Injury:	05/18/2009
Decision Date:	11/12/2015	UR Denial Date:	09/09/2015
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 49-year-old female who sustained an industrial injury on 5-18-2009. Diagnosis is bilateral wrist sprain. MRI of bilateral wrists 10-27-2014 is noted to have been "normal." Documented treatment includes right wrist anterior and posterior interosseous nerve neurectomies on 2-12-2010, wrist braces, TENS unit, and medication. There is a physical therapy evaluation dated 8-19-2015 and a treatment note 8-24-2015. There is no documentation provided discussing other prior therapies. On 6-4-2015 the injured worker reported continuing bilateral wrist pain rated 5 out of 10 and worse was on the right side. She stated symptoms were aggravated with writing, including stiffness "even writing one sentence." When making a fist, she reported "needle-like" pain in the right index finger. On 7-27-2015, the examination revealed range of motion of dorsiflexion and volar flexion as 60 degrees on the right and 70 on the left; ulnar deviation was 30 degrees right and 40 left; and, radial deviation was 10 on the right and 20 on the left. The physician noted moderate to severe tenderness over the right thumb metacarpal phalangeal joint and interphalangeal joint. While making a fist, it was noted that she missed touching the fifth metacarpal head with her left thumb by one quarter inch, and she was unable to "even start" touching the fifth metacarpal head with the right thumb, nor could she move the thumb away. Tinel's and Phalen's signs negative. The treating physician's plan of care includes hand therapy "for range of motion and functional strengthening." This was denied on 9-9-2015. The injured worker has retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy bilateral wrists 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: 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 deficits to support for further treatment beyond the sessions already rendered. Review of submitted reports noted the patient has intact neurological findings. Clinical reports submitted also had no focal neurological deficits or ADL limitation to support for further therapy treatment. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals when the patient has no defined deficits. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated necessity or indication 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 should have been transitioned to an independent home exercise program. Submitted reports have not adequately demonstrated the indication to support for the physical therapy. The Physical therapy bilateral wrists 2 x 6 are not medically necessary and appropriate.