

Case Number:	CM15-0186667		
Date Assigned:	10/01/2015	Date of Injury:	06/04/2012
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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 35 year old female, who sustained an industrial injury on 6-4-2012. She reported developing pain in the left wrist and hand from repetitive type activities. Diagnoses include carpal tunnel syndrome, De Quervain's of the left wrist, tenosynovitis of the right wrist, acquired trigger finger of the left hand, status post multiple surgeries to left wrist. Treatments to date include activity modification, wrist brace, occupational and physical therapy, and cortisone injections. The records submitted did not include clear documentation of the number of completed post-operative physical therapy sessions. Currently, she complained of ongoing pain in the hand with swelling and weakness. Pain was noted to radiate up to the shoulders. On 8-19-2015, the physical examination documented mild swelling. The plan of care included over the counter Tylenol and additional physical therapy. The appeal requested authorization for eighteen (18) physical therapy sessions for the left wrist, three times a week for six weeks. The Utilization Review dated 9-16-15, denied that request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x6 for the left wrist: Upheld

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

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

Decision rationale: The claimant sustained repetitive motion work injury to the left wrist and hand with date of injury in June 2012. She underwent a deQuervain release in February 2013 with repeat surgery in March 2015 and a left carpal tunnel release in November 2013. In April 2015 she was receiving postoperative physical therapy which was helping. An additional 18 therapy treatment sessions were requested and were to include a home exercise program. When seen in August 2015 she was having increased pain and swelling with prolonged activities and with the weather. She was having pain radiating into her shoulders. Physical examination findings included mild swelling. Authorization for 18 physical therapy treatments was again requested. After the surgery performed, guidelines recommend up to 14 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.