

Case Number:	CM15-0188449		
Date Assigned:	09/30/2015	Date of Injury:	07/11/2014
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old male, who sustained an industrial injury on 07-11-2014. He has reported subsequent low back, bilateral wrist and hand pain with numbness and tingling and was diagnosed with bilateral carpal tunnel release and cervical and lumbar strain. Treatment to date has included pain medication, physical therapy, acupuncture and left carpal tunnel release on 01-15-2015. In a 03-25-2015 progress note, the physician noted that the injured worker was not doing well and had made no improvement since the last visit. The physician noted that there had been some problems with therapy and that the injured worker had not been doing therapy but did not further clarify those comments. The physician noted that the injured worker would be placed in a work hardening program. During a 05-20-2015 office visit, the injured worker complained of continued numbness of the right hand and decreased grip strength and more work hardening sessions were ordered which were denied as per 06-03-2015 utilization review. In a 07-02-2015 progress note, the injured worker reported bilateral wrist and hand pain with numbness and tingling to the fingers and thumb and weakness as well as neck, back and bilateral shoulder pain. Objective findings showed positive Jackson's test, positive Spurling's test, positive thoracic outlet test, decreased deep tendon reflex at C5-C7, left wrist tenderness and left finger numbness in the 1st, 2nd and 3rd digits. A request for 12 sessions of physical therapy (2x6) was made during that visit and a peer review report showed that the request for modified to 6 sessions of physical therapy. The injured worker had a physical therapy evaluation performed on 07-27-2015. In a progress note dated 08-13-2015, the injured worker reported low back pain and right hand pain with numbness, tingling and pain of the left hand. There were no objective

examination findings documented. There was no documentation of objective functional improvement with previous physical therapy. The physician's treatment plan included continuing with physical therapy 2x6 weeks. Work status was documented as modified. A request for authorization of additional physical therapy 2x6 of the bilateral wrist, cervical and lumbar was submitted. As per the 08-24-2015 utilization review, the request for additional physical therapy 2x6 of the bilateral wrist, cervical and lumbar was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 2x6 Bilateral Wrist, Cervical and Lumbar: 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: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is not medically necessary.