

Case Number:	CM15-0188699		
Date Assigned:	09/30/2015	Date of Injury:	04/03/2014
Decision Date:	11/12/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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 59 year old female, who sustained an industrial injury on 4-3-2014. The injured worker was being treated for moderate left carpal tunnel syndrome. On 7-8-2015, the injured worker reported left wrist pain radiating to the hand. She reported a weak grip and difficulty lifting objects. The physical exam (7-8-2015) did not include documentation of an assessment of the left wrist. On 5-6-15, electromyography and a nerve conduction velocity study of the left upper extremity revealed left ulnar neuropathy across the elbow and moderate left carpal tunnel syndrome. The medical records refer to the injured worker having undergone prior physical therapy that was beneficial. However, the dates and results of prior physical therapy treatment were not included in the provided medical records. Other treatment has included work restrictions, and medications including pain and anti-inflammatory. Per the treating physician (7-8-2015 report), the injured worker was to return to modified work with restrictions that included no pushing, pulling, or lifting greater than 20 pounds and no repetitive bending or stooping. The requested treatments included 6 sessions of physical therapy to the left wrist. On 8-26-2015, the original utilization review modified a request for 2 sessions of physical therapy to the left wrist (original request for 6 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 to the left wrist: 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: The patient presents with pain in the left shoulder, left elbow, and left wrist. The request is for physical therapy x6 to the left wrist. Physical examination to the left hand/wrist on 05/06/15 revealed tenderness to palpation. Range of motion was noted to be decreased and Tinel test caused pain in the left wrist and the left elbow. Per 04/27/15 progress report, patient's diagnosis include large left disc herniation with left L5 root compression, moderate disc herniation C5-6, moderate spinal stenosis L3-4, L4-5, cervical moderate central stenosis C4-5 and C5-6, cervical sprain with radicular symptoms, large disc herniation at L4-L5 with left root compression, left L4/L5 radiculopathy per EMG/NCV, and thoracic sprain. Patient's medication, per 04/08/15 progress report includes Ultracet. Patient's work status is modified duties. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In progress report dated 07/08/15, the treater states that physical therapy has been beneficial in the past but the patient remains symptomatic. The utilization review letter dated 08/25/15 has modified the request to 2 physical therapy sessions. It is not clear how many sessions of physical therapy treatments the patient has completed. The patient continues with left wrist pain and a short course of physical therapy would be beneficial. However, the treater has not discussed why the patient cannot transition into a home based exercise program. Furthermore, the guidelines allow up to 10 sessions of therapy and the requested 6 sessions, in addition to prior sessions, exceeds guideline recommendations. Therefore, the request is not medically necessary.