

Case Number:	CM15-0189868		
Date Assigned:	10/02/2015	Date of Injury:	04/14/2008
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This is a 59 year old female who sustained an industrial injury on 4-14-2008. A review of the medical records indicates that the injured worker is undergoing treatment for right carpal tunnel syndrome status post right carpal tunnel release with residuals. According to the progress report dated 8-19-2015, the injured worker reported completing eight sessions of physical therapy to her right wrist, which decreased her pain by 25%. She stated that her left wrist was painful due to over-compensation. The injured worker was working with restrictions. The physical exam (8-19-2015) of the right wrist revealed decreased range of motion and tenderness. There was positive Tinel's on the right, along with weakness in grip strength. Treatment has included right carpal tunnel release (10-22-2013), wrist brace, physical therapy and medications (Relafen). The original Utilization Review (UR) (8-28-2015) denied a request for physical therapy for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the right wrist: 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 right carpal tunnel release on 10/22/13, over two years prior and continues to treat for chronic symptoms. 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 2008 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 Physical therapy 2 times a week for 4 weeks for the right wrist is not medically necessary and appropriate.