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| Case Number: | CM15-0191612 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 06/08/2007 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This injured worker is a 60 year old female, who sustained an industrial injury on 06-08-2007. The injured worker was diagnosed as having carpal tunnel syndrome. On medical records dated 08-12-2015 and 07-15-2015, the subjective complaints were noted as chronic right shoulder, right upper extremity pain and right hand pain. Objective findings were noted as examination of bilateral wrists reveal nontender to palpation, range of motion of bilateral wrists with full flexion, extension and ulnar-radial deviation, Tinel's was noted negative bilaterally at the bilateral wrists and elbow, staples sign were negative bilaterally, trigger of right middle finger was noted and grip strength was decreased 4-5 with right hand grip compared to left hand grip. Treatments to date included post right rotator cuff repair surgery, right carpal tunnel release surgery and ganglionic cyst removal surgery, medication, steroid injections, and splinting. The injured worker was noted to be permanent and stationary. Current medications were listed as Pennsaid 1.5% solution, Fluoxetine-Prozac, Aspirin, Tylenol, Vicodin, Hydrochlorothiazide, Lovastatin, Multivitamin, Potassium CL, Vit B, Vit D and Diovan. The Utilization Review (UR) was dated 09-03-2015. A Request for Authorization for Physical Therapy x 6 to the Bilateral Hands was noted. The UR submitted for this medical review indicated that the request for Physical Therapy x 6 to the Bilateral Hands was non-certified.

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 Bilateral Hands: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times six to the bilateral hands is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; psychogenic pain NEC; pain in shoulder joint; and depression. The date of injury is June 8, 2007. Request for authorization is September 1, 2015. According to a progress note dated August 12, 2015, the injured worker has chronic right shoulder pain and upper extremity pain. The treating provider has continued conservative management to avoid surgery. The documentation indicates the injured worker has not received physical therapy quite some time. There was no documentation of prior physical therapy in the medical record. Objectively, the wrists are non-tender, range of motion is full and complete to flexion, extension. Tinel's was negative. There was triggering of the right middle finger. The documentation references right upper extremity symptoms with a relatively unremarkable physical examination. The request for authorization includes the bilateral hands. There is no clinical indication or rationale for additional physical therapy to the left hand. Prior physical therapy progress notes are not available for review. There is no documentation demonstrating objective functional improvement with prior physical therapy. It is unclear whether the injured worker is engaged in a home exercise program associated with prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with prior physical therapy, no physical therapy progress notes, no compelling clinical documentation indicating additional physical therapy is clinically indicated and clinical documentation referencing the right-hand only, physical therapy times six to the bilateral hands is not medically necessary.