

Case Number:	CM15-0192899		
Date Assigned:	10/07/2015	Date of Injury:	11/18/2010
Decision Date:	11/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	10/01/2015

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 65 year old, female who sustained a work related injury on 11-18-10. A review of the medical records shows she is being treated for right wrist, right thumb and right shoulder pain. Treatments have included right carpal tunnel release in 9-2013, 24 sessions of physical therapy, home exercises, and medications. There is no documentation of what response and-or functional improvements she received from prior physical therapy. Current medications include Duloxetine, Tramadol, Cyclobenzaprine, Naproxen and Pantoprazole. In the progress notes, the injured worker reports right wrist pain. She rates her pain level a 6 out of 10. This level has not changed much in the last few visits. Medication at current dosing facilitates maintenance of activities of daily living. In the objective findings dated 7-31-15, Jamar right remains limited however improved. Spasm of the forearm muscles has decreased. EMG of upper extremities dated 7-15-15 reveals per provider "right median neuropathy ergot this does correlate with exam and patient complaints." She is not working. The treatment plan includes requests for genetic testing, physical therapy and refills of medications. In the Utilization Review dated 8-28-15, the requested treatment of physical therapy 2 x week x 4 weeks to right wrist is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right wrist, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The current request is for PHYSICAL THERAPY FOR THE RIGHT WRIST, TWICE A WEEK FOR FOUR WEEKS. Treatments have included right carpal tunnel release in September 2013, 24 sessions of physical therapy, home exercises, and medications. The patient is not working. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under PHYSICAL MEDICINE, pages 98, 99 has the following: "Physical Medicine: 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." Per report 07/31/15, the patient is status post right carpal tunnel release on September 2013, and presents with right wrist pain. The patient is rated 6/10. Examination revealed decreased grip strength, and spasms. The treater has recommended refill of medication and additional 8 physical therapy sessions to improve function. A review of the records indicate that this patient completed 24 PT sessions thus far. Most recent course of therapy was completed in May 2014. In this case, there are no reports of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. Therefore, requested physical therapy is not medically necessary.