

Case Number:	CM15-0194268		
Date Assigned:	10/08/2015	Date of Injury:	03/05/2015
Decision Date:	11/25/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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 43 year old female, who sustained an industrial injury on 3-5-15. The injured worker was diagnosed as having right carpal tunnel syndrome and right hand stiffness. Medical records (5-13-15 through 7-15-15) indicated 7-9 out of 10 pain in the right wrist and hand. The treating physician noted that the injured worker received some physical therapy "without relief". The physical exam (4-17-15 through 7-15-15) revealed a positive Tinel's sign in the right wrist, flexion and extension was 40-50 degrees and pronation and supination was 80- 90 degrees. As of the PR2 dated 9-2-15, the injured worker reports pain in her right wrist and hand. She rates her pain 7 out of 10 without medications and 4 out of 10 with medications. Objective findings include "limited" right wrist range of motion and some tenderness and pain in the carpal tunnel. Treatment to date has included a right wrist splint, work restrictions to using left hand only, Anaprox and Tramadol. The treating physician requested physical therapy x 12 sessions to the right hand. The Utilization Review dated 9-4-15, modified the request for physical therapy x 12 sessions to the right hand to physical therapy x 2 sessions to the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 to the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The 43 year old patient complains of pain in right wrist, right hand, and right fingers, rated at 4/10 with medications and 7/10 without medications, as per progress report dated 09/02/15. The request is for Physical therapy x 12 to the right hand. The RFA for this case is dated 08/27/15, and the patient's date of injury is 03/05/15. Diagnoses, as per progress report dated 09/02/15, included right carpal tunnel syndrome, right hand stiffness, and compensatory left wrist pain. Medications included Anaprox and Tramadol. As per progress report dated 07/15/15, the patient complains of pain in bilateral elbows and forearms, and bilateral wrists/hands and fingers, rated at 7/10, along with difficulty sleeping. The patient is on modified duty, as per progress report dated 09/02/15. MTUS Chronic Pain Management Guidelines 2009, 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." In this case, a request for physical therapy is noted in progress report dated 07/15/15. In the same report, the treater states she received some physical therapy, without relief of symptoms. Apart from lack of efficacy, the treater does not explain why the patient has not transitioned to a home exercise regimen. None of the reports document the number of sessions completed until now. MTUS only allows for 8-10 sessions of physical therapy in non-operative cases. Hence, the request for 12 sessions appears excessive and IS NOT medically necessary.