

Case Number:	CM15-0195255		
Date Assigned:	10/09/2015	Date of Injury:	08/25/2013
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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 62 year old female sustained an industrial injury on 8-25-13. Documentation indicated that the injured worker was receiving treatment for lumbar spondylosis, carpal tunnel syndrome, cervical spine spondylosis and osteoarthritis. The injured worker had undergone carpal tunnel release (undated). The injured worker received postoperative physical therapy and medications. The number of postoperative physical therapy sessions for the right wrist was not clear. Additional treatment included H-wave. In a PR-2 dated 8-19-15, the injured worker reported that she still had tenderness in her palm and thickened scar tissue. The physician noted that the injured worker responded well to physical therapy and was able to demonstrate the Thera EX program well with minimal limitations. The injured worker also reported having positive results and decreased pain with use of the H-wave. The injured worker was pending left wrist carpal tunnel release with ongoing left wrist pain. Objective findings regarding the right wrist were not documented. The treatment plan included additional physical therapy for the right wrist. On 9-28-15, Utilization Review noncertified a request for physical therapy twice a week for four weeks to 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 to the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 two times per week times four weeks to the right wrist 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 lumbosacral spondylosis without myelopathy; carpal tunnel syndrome; cervical spondylosis without myelopathy; and osteoarthritis is, unspecified whether generalized or localized, unspecified site. The date of injury is August 25, 2013. Request for authorization is September 22, 2015. According to an August 19, 2015 progress note, the injured worker is status post right carpal tunnel release surgery. The date of surgery is not specified. Objectively, there is tenderness with a thickened scar. Documentation indicates the injured worker is receiving physical therapy. A physical therapy note dated September 22, 2015 shows the injured worker is being treated for cervicgia. There is no documentation of wrist physical therapy. There are no physical therapy progress notes of the wrist in the medical record. There are no compelling clinical facts indicating additional wrist physical therapy is clinically indicated. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of wrist physical therapy, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clearly warranted, physical therapy two times per week times four weeks to the right wrist is not medically necessary.