

Case Number:	CM15-0196004		
Date Assigned:	10/09/2015	Date of Injury:	06/29/2015
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
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:

The injured worker is a 31 year old female who sustained an industrial injury on 6-29-15. Diagnoses are noted as tenosynovitis hand-wrist not elsewhere classified and carpal tunnel syndrome. In a progress report dated 9-11-15, the physician notes complaint of pain in the thumbs and hand are cramping up and numbness from time to time in both hands. (Pain 6-30-15 was rated 5-6 out of 10) Objective findings note Phalen's is positive bilaterally and there is positive grind on the right thumb. Range of motion is full. A negative nerve study for carpal tunnel syndrome is noted. The treatment plan is to continue therapy 3x4 weeks. Work status is to remain off work until the next visit. Electromyogram of the upper extremities done 8-19-15 was normal. Nerve conduction study of bilateral upper extremities done 8-19-15 is noted as normal. Previous treatment includes a bilateral wrist-thumb brace, medication, x-rays-wrists, elbows, forearms, at least 8 physical therapy sessions, and a home exercise program. The requested treatment of physical therapy - bilateral wrists, 3 times weekly for 4 weeks (12 sessions) was non-certified on 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, bilateral wrists, 3 times weekly for 4 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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 to the bilateral wrists three times per week times four weeks (#12 visits) 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are tenosynovitis hand/wrist NEC; and carpal tunnel syndrome. Date of injury is June 29, 2015. Request for authorization is September 16, 2015. According to a September 11, 2015 progress note, the injured worker's complaints include thumb and hand pain with numbness. Objectively, there is positive Phalen's bilaterally and a positive grind. Range of motion is full. EMGs were negative for carpal tunnel syndrome. The documentation indicates the injured worker received physical therapy from August 12, 2015 through September 18, 2015 and is now engaged in a home exercise program. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. There is no documentation demonstrating objective functional improvement with prior physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically warranted (injured worker engaged in home exercise program), physical therapy to the bilateral wrists three times per week times four weeks (#12 visits) is not medically necessary.