

Case Number:	CM15-0200449		
Date Assigned:	10/15/2015	Date of Injury:	12/09/2014
Decision Date:	12/02/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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 57 year old female who sustained an industrial injury on 12-9-2014. A review of medical records indicates the injured worker is being treated for contusion of knee, carpal tunnel syndrome, and sprain and strain of lumbar. Medical records dated 3-18-2015 noted she continues to have pain in the paralumbar area bilaterally and L4-S1 midline as well as left medial joint line knee and wrists bilaterally. Physical examination noted tenderness to the lumbar back and normal range of motion. There was pain at the left medial joint line. Treatment has included hand surgery on 2-9-2015 and corticosteroid injection in the right and left carpal tunnel space. She has been taking tramadol since at least 3-18-2015. Utilization review form noncertified physical therapy 2 x a week for 5 weeks for 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 2 times a week for 5 weeks for the right hand: Overturned

Claims Administrator guideline: Decision based on MTUS 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 rationale: The patient presents with hands, left knee, and low back pain. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 5 WEEKS FOR THE RIGHT HAND. The request for authorization is not provided. The patient is status post RIGHT carpal tunnel release. Patient's diagnoses include contusion of knee; carpal tunnel syndrome; sprain and strain of lumbar. Physical examination reveals positive carpal compression on RIGHT. Sensation is intact to gross touch. 5/5 hand grip and thumb opposition. Patient had a corticosteroid injection in the RIGHT and left carpal tunnel space. The injection relieved the symptoms in the RIGHT hand. She still has symptoms in her left hand. Per progress report dated 03/18/15, the patient is returned to modified work. MTUS, Physical Medicine Section, pages 98, 99 states:

"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." Treater does not discuss the request. The patient continues with hand pain. Given the patient's condition, a short course of Physical Therapy would appear to be indicated. Review of provided medical records show no prior sessions of Physical Therapy. In this case, the request for 10 sessions of Physical Therapy appears to be reasonable and within MTUS guidelines indication. Therefore, the request IS medically necessary.