

Case Number:	CM15-0201753		
Date Assigned:	10/16/2015	Date of Injury:	09/29/2000
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 is a 53 year old female who sustained an industrial injury on 9-29-2000. A review of the medical records indicates that the injured worker is undergoing treatment for status post right carpal tunnel release with electrodiagnostic study evidence of recurrent right carpal tunnel syndrome, rule out cervical radiculitis, clinical right cubital tunnel syndrome and right long trigger finger. According to the progress report dated 6-22-2015, the injured worker complained of persistent right wrist pain with stiffness. She complained of frequent pain in the right elbow and wrist that was aggravated by repetitive motions. She rated her pain 6 out of 10. It was noted that the right long trigger finger had improved. Per the treating physician (6-22-2015), the injured worker was permanently partially disabled. Objective findings (6-22-2015) revealed a well-healed carpal tunnel release scar. There was tenderness at the medial ulnar dorsal aspect of the right wrist. Tinel's and Phalen's signs were positive on the right. There was pain with terminal flexion of the right wrist along with residual weakness. There was tenderness and positive Tinel's sign at the right elbow. Treatment has included Toradol injection (4-29-2015, 6-22-2015) and medications. The original Utilization Review (UR) (9-16-2015) denied a request for physical therapy 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 4 weeks (8 sessions) for the right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic)/Physical medicine treatment - ODG Physical Medicine Guidelines.

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

Decision rationale: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.