

Case Number:	CM15-0202007		
Date Assigned:	11/10/2015	Date of Injury:	05/13/2011
Decision Date:	12/21/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 64 year old female who sustained an industrial injury on 5-13-11. She is not working. Medical records indicate that the injured worker has been treated for chronic cervical strain; chronic right shoulder strain and impingement; right carpal tunnel syndrome. She currently (9-8-15) complains of worsening right hand pain with a pain level of 6 out of 10. Physical exam of the right hand and wrist revealed decreased range of motion, decreased grip strength and decreased sensation in the median and ulnar aspect, positive Phalen's sign. Physical exam was unchanged from 4-28-15 to 9-8-15. Treatments to date include medications: tramadol, Kera-Tek, omeprazole; night hand splint; physical therapy 2 years ago. In the 9-8-15 progress note the treating provider's plan of care included a request for physical therapy 2 times a week for 6 weeks to the right hand in an attempt to improve function and decrease pain. The request for authorization dated 9-23-15 was for physical therapy 12 sessions for the right hand. On 10-6-15 Utilization Review non-certified the request for physical therapy 12 sessions, modified to 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical/Occupational therapy Guidelines and ODG Forearm, Wrist & Hand (Acute & Chronic): Physical/Occupational therapy 2015.

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. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.