

Case Number:	CM15-0202264		
Date Assigned:	10/19/2015	Date of Injury:	10/01/2007
Decision Date:	11/30/2015	UR Denial Date:	09/14/2015
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: 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 49 year old female, who sustained an industrial injury on 10-1-07. The injured worker is diagnosed with right wrist-hand sprain-contusion. Her work status is temporary total disability. A note dated 9-3-15 reveals the injured worker presented with complaints of right hand numbness and pain that radiates to her shoulder cervical spine has constant pain and spasms that increase with cold weather. Physical examinations dated 8-6-15 and 9-3-15 revealed right hand has positive Tinel's, Phalen's and Thenar atrophy, swelling and numbness. Treatment to date has included medication. Diagnostic studies include x-rays. A request for authorization dated 9-1-15 for physical therapy for the right wrist 18 visits is modified to 4 visits, per Utilization Review letter dated 9-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right wrist for 18 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right wrist #18 sessions 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 C-T-L MFS with bilateral radicular pain right greater than left; bilateral sciatica; right shoulder sprain/contusion with possible internal derangement; right wrist/hand spring/contusion, possible internal derangement. Date of injury is October 1, 2007. Request for authorization is August 20, 2015. According to an August 20, 2015 progress notes, injured worker has subjective complaints of hand pain with numbness. Objectively, there is positive Tinel's and positive Phalen's. The treating provider is requesting a right carpal tunnel surgery. The treatment section indicates the treating provider is requesting physical therapy or chiropractic treatment three times per week times six weeks. Date of injury is October 1, 2007. There were no prior physical therapy progress notes in the medical record indicating the injured worker received physical therapy to the right wrist. Additionally, the treating provider is requesting an excessive number of physical therapy sessions (if no prior physical therapy was authorized). A six visit clinical trial is clinically indicated. As noted above, there are no prior PT progress notes for the right wrist in an eight-year-old injury. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation including total number of physical therapy sessions since the date of injury, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy to the right wrist #18 sessions is not medically necessary.