

Case Number:	CM15-0206452		
Date Assigned:	10/23/2015	Date of Injury:	06/12/2014
Decision Date:	12/11/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/21/2015

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 60 year old male, who sustained an industrial injury on 6-12-2014. The injured worker is undergoing treatment for: bilateral hand pain, bilateral carpal metacarpal degenerative joint disease, bilateral carpal tunnel syndrome. On 8-26-15, he reported pain to the bilateral hands. He rated his left hand pain 8 out of 10 and indicated it to radiate into the wrist. The right hand pain he rated 9 out of 10 and indicted radiation into the wrist. He also reported bilateral numbness and tingling of the first two digits of his hands, and periodic popping and cracking of the right wrist. Physical examination revealed normal and symmetric reflexes, negative special testing for bowstring sign, cross leg raise, spurling's test, and lhermitte's sign, and intact cervical sensory. The treatment and diagnostic testing to date has included: medications, steroid injection to unknown hip (date unclear), x-rays of the bilateral hands (date unclear), QME (date unclear), bilateral wrist braces. Medications have included: naproxen, topical cream. Current work status: temporarily partially disabled with work restrictions. The request for authorization is for: 16 (sixteen) physical therapy visits with evaluation for the bilateral wrists and carpometacarpal joints. The UR dated 10-14-2015: modified the request to 6 (six) physical therapy visits with evaluation for the bilateral wrists and carpometacarpal joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) physical therapy visits with evaluation for the bilateral wrists and carpometacarpal joints: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Forearm, Wrist, & Hand (Acute & Chronic); Physical/Occupational Therapy Guidelines - Sprains and Strains of Wrist and Hand.

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

Decision rationale: The patient presents with pain in his bilateral hands. The request is for Six (6) physical therapy visits with evaluation for the bilateral wrists and carpometacarpal joints. The request for authorization form is dated 09/29/15, "Continue to request Physical therapy 2x week for 8 weeks for bilateral CTS and CMC." X-ray of the left hand, 06/22/15, shows severe osteoarthritis radial aspect of wrist; milder osteoarthritis seen at metacarpal phalangeal and interphalangeal joints. X-ray of the right hand, 06/22/15, shows osteoarthritis present, worse radial aspect of the wrist; no erosion identified. Patient's diagnoses includes left CMC degenerative joint disease; right CMC degenerative joint disease; carpal tunnel syndrome right; carpal tunnel syndrome left. Physical examination reveals swelling and hypertrophic changes noted in B/L 1st digit CMC joints. Loading of the CMC 1st digit creates severe pain for patient, Tenderness to palpation B/L CMC 1st digit joints with compression and rotation of joint, Positive Tinel's B/L wrists. Patient's medications include Naproxen and Ketoprofen Cream. Per progress report dated 09/29/15, the patient is temporarily partially disabled. 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." Per progress report dated 09/29/15, treater notes, "Request for Authorization: Continue to request Physical therapy 2x week for 8 weeks for bilateral CTS and CMC." The patient continues with bilateral hand pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. Review of provided medical records show previous Physical Therapy visits. In this case, the request for 6 visits of Physical Therapy as written appears to be reasonable. Therefore, the request is medically necessary.