MAXIMUS Federal Services

Case Number:	CM15-0207986		
Date Assigned:	10/26/2015	Date of Injury:	06/13/2014
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/22/2015

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: Preventive Medicine, Occupational 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 43-year-old female, with a reported date of injury of 06-13-2014. The diagnoses include right wrist and hand pain, carpal tunnel syndrome, and neuropathic pain.The follow-up progress note dated 08-11-2015 indicates that the injured worker reported significant improvement with a right carpal tunnel injection provided the previous month. She was able to flex her fingers more. The subjective findings on 06-16-2015 included sharp stabbing pain in the median nerve distribution. The objective findings (06-16-2015 and 08-11-2015) include normal motor strength in all muscle groups in the upper extremities; decreased strength with finger abduction, finger flexion, and wrist extension; positive Tinel's and Phalen's exam at the right wrist; allodynia to light touch a the tip of her DIP (distal interphalangeal) joints with light touch and cold and her right third digit PIP (proximal interphalangeal) joint; decreased sensation to light touch and pinprick in the median nerve distribution in the right hand; and mild right sensorimotor neuropathy in the median distribution. It was noted that the injured worker had a right traumatic finger amputation from the DIP distally of the index finger and a hyperextended third digit from the PIP distally. The treating physician indicated that the injured worker had two surgeries with post surgical changes with a concern for neuralgia due to possible phantom limp pain. The injured worker's work status (06-16-2015 and 08-11-2015) was noted as full activity in the left upper extremity. The diagnostic studies to date have included electrodiagnostic studies on 04-01-2015 which showed evidence of mild right carpal tunnel syndrome. Treatments and evaluation to date have included Gabapentin, Diclofenac, Ibuprofen, debridement of right index finger tip and excision of bone on 07-31-2014, and hand therapy. The treating physician

requested physical therapy for the right hand and wrist two times a week for three weeks to improve symptoms and to decrease pain and inflammation. On 10-01-2015, Utilization Review (UR) non-certified the request for physical therapy for the right hand and wrist two times a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 3 weeks (6), for the right hand/wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome/Physical Medicine.

Decision rationale: This individual has had extensive prior physical therapy related to the traumatic injury and subsequent surgery. She is reported to have had at least 18 sessions of therapy and has been instructed in a home exercise program. A more recent diagnosis includes carpal tunnel syndrome and the request for physical therapy appears to be mostly related to this diagnosis. MTUS Guidelines recommend limited therapy, but does not provide adequate details. ODG Guidelines recommend that 1-3 sessions of therapy as adequate for this diagnosis for educational purposes as therapy treatments have not been shown to improve this condition. A few sessions may be reasonable to assure a reasonable for education in protective habits and exercises, however the number of sessions requested exceed Guidelines without adequate justification. The request for Physical therapy 2x a week for 3 weeks (6), for the right hand/wrist is not medically necessary.