

Case Number:	CM15-0208198		
Date Assigned:	10/27/2015	Date of Injury:	12/28/2010
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
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, Hawaii

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 54 year old female, who sustained an industrial injury on 12-28-2010. The injured worker was being treated for carpal tunnel syndrome. The injured worker (5-14-2014 and 7-9-2015) reported increased pain since the last visit. The injured worker (10-1-2015) reported bilateral upper extremity pain. The physical exam (5-14-2014, 7-9-2015 and 10-1-2015) revealed no limitation of bilateral wrist palmer flexion, dorsiflexion, ulnar deviation, radial deviation, pronation, or supination. The treating physician noted positive bilateral Phalen's and Tinel's signs and decreased sensation over the bilateral ulnar nerve distribution. She rated her pain as 8 out of 10 without medications and 7 out of 10 with medications on 5-14-2014, 8 out of 10 without medications on 7-9-2015, and 8 out of 10 without medications and 6 out of 10 with medications. Per the treating physician (10-1-2015 report), the electromyography and nerve conduction studies (dated 3-10-2011) showed mild to moderate right median motor neuropathy across the wrist without denervation and moderate left median sensori-motor neuropathy across the wrist without denervation. Treatment has included physical therapy and medications including topical pain, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (10-1-2015 report), the injured worker is permanent and stationary. The treatment plan included additional physical therapy for continued delayed healing. On 10-13-2015, the original utilization review non-certified a request for 12 sessions of physical therapy for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 6 week's bilateral wrist: Upheld

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

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

Decision rationale: The patient presents with bilateral upper extremity pain which she rates as 6 out of 10 with medication and 8 out of 10 without medication. The current request is for physical therapy 2 x week x 6 week's bilateral wrist. The treating physician report dated October 1 (35B), 2015 states, "request additional PT as she continues to have delayed healing, 2 times a week for 6 weeks for a total of 12 visits." There is nothing in the medical records to indicate that patient had undergone surgery within 6 months prior to the report. The MTUS guidelines state that 8-10 visits are allowed for myalgia and neuritis type pain. In this case, the treating physician requested an additional 12 physical therapy sessions which exceeds the MTUS guidelines. The current request is not medically necessary.