

Case Number:	CM15-0208602		
Date Assigned:	10/27/2015	Date of Injury:	07/19/2013
Decision Date:	12/15/2015	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, 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 was a 55 year old female, who sustained an industrial injury, July 19, 2013. The injured worker was undergoing treatment for left thumb sprain and or strain, left locking trigger thumb, bilateral hand numbness and tingling, bilateral carpal tunnel syndrome per EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities and locking right ring finger trigger finger. According to progress note of August 21, 2015, the injured worker's chief complaint was bilateral intermittent hand numbness and tingling with a locking left trigger thumb and a sprain of the left thumb. The injured worker reported the physical therapy helped. The injured worker reported the hands were still bothering her, but getting better. The injured worker wore Velcro wrist splints part-time and that seemed to be helpful also. The injured worker was pleased with the progress and requested further physical therapy. The injured worker previously received the following treatments cortisone injection to the left thumb in 2013, EMG and NCS of the bilateral upper extremities, 8 sessions of physical therapy for the bilateral hands and Velcro wrist bands. The RFA (request for authorization) dated the following treatments were requested additional physical therapy 1 time a week for 6 weeks. The UR (utilization review board) denied certification on October 1, 2015; for 6 additional physical therapy sessions for the bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy times 6 bilateral hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand (Acute & Chronic).

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

Decision rationale: The patient presents with pain affecting the bilateral hands. The current request is for Additional physical therapy times 6 bilateral hand. The treating physician report dated 9/21/15 (22B) states, "This patient will continue to do her home exercises on her own." The report goes on to state, "I am also requesting additional physical therapy. I am requesting six more sessions of PT at one time per week for six more weeks." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 16 sessions of physical therapy for the bilateral hands previously, as well as 8 authorized sessions of PT on 7/10/15. The patient's status is not post-surgical. In this case, the patient was recently authorized for 8 sessions of physical therapy on 7/10/15 and therefore the current request of 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the patient has already established a home exercise program. The current request is not medically necessary.