

Case Number:	CM15-0209524		
Date Assigned:	10/28/2015	Date of Injury:	01/30/2007
Decision Date:	12/16/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/23/2015

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 75-year-old female who sustained an industrial injury on 1-30-2007 and has been treated for bilateral carpal tunnel syndrome and finger tenosynovitis. In the most recent physician note provided, 5-29-2015 the injured worker reported beginning to experience intermittent numbing to the right hand ring finger. Objective findings include bilateral positive Tenel's, right ring trigger finger, and weakness around the A1 pulley. The left side is noted to have tenderness at the first dorsal compartment, with a positive Finkelstein's. Documented treatment includes braces, cortisone injections which caused a "reaction," naproxen, and Vicodin. There was no discussion of previous physical therapy treatments in the records provided, or other therapies. The note states that the injured worker is presently not considering surgery. The treating physician's plan of care includes 8 physical therapy visits which were modified to 4 visits on 10-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Preface, Forearm, Wrist and Hand Chapter, Physical/Occupational Therapy.

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

Decision rationale: The patient presents with pain affecting the right hand. The current request is for 8 physical therapy visits. The requesting treating physician report was not found in the documents provided for review. 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 do not show the patient has received prior physical therapy. The patient's status is not post-surgical. In this case, while the current request of 8 visits is within the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99, the current request does not specify a location to be addressed by physical therapy. Furthermore, the patient sustained an industrial injury in 2007 and the few medical reports provided for review did not discuss any previous medical treatments. Additionally, the most current medical report provided for review was dated 5/21/15 and provided no rationale for the current request. The current request is not medically necessary.