

Case Number:	CM15-0021652		
Date Assigned:	02/11/2015	Date of Injury:	05/31/2013
Decision Date:	04/07/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/05/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old female, who sustained an industrial injury on 05/31/2013. The diagnoses have included status post right carpal tunnel release, left shoulder pain, and left carpal tunnel syndrome. Noted treatments to date have included hand surgery, Occupational Therapy, hand splint, and medications. No MRI report noted in received medical records. In a progress note dated 07/30/2014, the injured worker presented with complaints of numbness and pain in the left hand. The treating physician reported right healed incision and normal neurovascular examination. Utilization Review determination on 01/07/2015 non-certified the request for Additional Physical Therapy 2x4 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand, Physical/Occupational Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks."The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted."Per the ODG guidelines: Carpal tunnel syndrome (ICD9 354.0):Medical treatment: 1-3 visits over 3-5 weeks, Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks, Post-surgical treatment (open): 3-8 visits over 3-5 weeks The documentation submitted for review indicates that the injured worker was previously treated with physical therapy. 18 visits of physical therapy, 12 sessions postoperative PT following right cubital tunnel release on 4/22/14, and 12 sessions of occupational therapy authorized on 8/6/14 for the left wrist. At this point, the injured worker should have been transitioned to self-directed home therapy. Furthermore, the request does not specify the targeted body part. The request is not medically necessary.