

Case Number:	CM15-0025238		
Date Assigned:	02/17/2015	Date of Injury:	05/29/2012
Decision Date:	03/27/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 5/29/2012. She has reported bilateral hand injury. The diagnoses have included reflex sympathetic dystrophy of the hand and status post right carpal tunnel release, and left carpal tunnel syndrome. Treatment to date has included right carpal tunnel release 9/21/12, post operative occupational therapy x 21 sessions, repeated right carpal tunnel release 7/23/14 with 18 postoperative occupational therapy sessions, and medications. Currently, the IW complains of pain and numbness with associated weakness in the hand that is worse with activities of use, neck pain and back pain including shoulders. Physical examination from 1/16/15, documented no acute neuro changes, no gross instability, and no signs or symptoms of infection. X-rays of cervical spine, humerus and clavicle documented no acute findings. The plan of care included Tylenol and Aleve, home exercise, physical therapy or occupational therapy three times weekly for six weeks, and requested authorization of treatments for thoracic-lumbar spine. On 1/28/2015 Utilization Review non-certified physical therapy three times a week for six weeks. The MTUS and ACOEM Guidelines were cited. On 2/10/2015, the injured worker submitted an application for IMR for review of physical therapy three times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 6 week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, 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, hand pain and physical medicine

Decision rationale: In this case, the claimant had over 35 sessions of therapy for te right wrists. The request for 18 additional therapy sessions for the wrist is no indicated and exceed the amount recommended by the guidelines (3-8 sessions) . In addition, the request is remote to the surgical time frame. If the therapy pertains to the thoracic spine then there is no examination of the spine or diagnosis to support the request for therapy as referenced in the progress note on 12/5/14. As a result the request for 18 sessions of therapy is not medically necessary.