MAXIMUS Federal Services

Case Number:	CM15-0029130		
Date Assigned:	02/24/2015	Date of Injury:	12/09/2013
Decision Date:	04/02/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 58 year old female, who sustained an industrial injury on 12/09/2013. She has reported subsequent right upper extremity pain and was diagnosed with right repetitive strain injury and complex regional pain syndrome of the right arm status post carpal tunnel release. Treatment to date has included oral pain medication, application of ice, physical therapy and a home exercise program. In a progress note dated 01/30/2015, the injured worker complained of continued right hand and wrist pain radiating up the arm. Objective physical examination findings were notable for severe pain with light pressure on the thenar eminence and somewhat limited grip strength due to pain. The physician requested authorization for 6 additional physical therapy visits. On 02/12/2015, Utilization Review non-certified a request for 6 additional physical therapy sessions, noting that 20 previous physical therapy visits were completed to date which exceeded guidelines and that there was no documentation as to why a home exercise program wouldn't be sufficient to address any remaining functional deficits. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six sessions of physical therapy is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are s/p right carpal tunnel release surgery June 23, 2014; complex regional pain syndrome type I right arm; and aftercare following surgery for injury. The documentation shows the injured worker received physical therapy. The administrative record (according to utilization review) shows the injured worker received 24 physical therapy sessions to date. The physical therapy progress notes detail the exercises that are received. The documentation does not contain evidence of objective functional improvement. "When treatment duration and or number of visits exceeded the guideline, exceptional factors should be noted." There are no compelling clinical facts in the medical record to warrant additional physical therapy. As noted above, the injured worker received 24 physical therapy sessions. Consequently, absent compelling clinical documentation with objective functional improvement, 6 sessions of physical therapy are not medically necessary.