

Case Number:	CM15-0029829		
Date Assigned:	02/23/2015	Date of Injury:	10/25/2013
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
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 55 year old female, who sustained an industrial injury on 10/25/2013. The diagnoses have included carpal tunnel syndrome right wrist and tenosynovitis hand wrist. Treatment to date has included surgical intervention, physical therapy, medications and restrictions. Currently, the IW complains of pain, weakness, stiffness and swelling to the right wrist. She is status-post carpal tunnel release (6/24/2014). Objective findings included mild tenderness over the volar aspect. The wound is clean and dry with no signs of infection. On 2/02/2015, Utilization Review non-certified a request for additional physical therapy (3x4) for the right wrist noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/09/2015, the injured worker submitted an application for IMR for review of additional physical therapy (3x4) for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3x4 weeks to the right writst: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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) Forearm, wrist and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy three times per week times four weeks to the right wrist 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are carpal tunnel syndrome right wrist; carpal tunnel release surgery; ulnar nerve decompression at the right wrist; and tenosynovitis hand/wrist. The documentation in the medical record indicates the injured worker received postoperative physical therapy. The total number of physical therapy sessions is not documented in the medical record. There are random physical therapy notes scattered throughout the documentation. The treating physician is requesting an additional 12 sessions of physical therapy. The guidelines state: "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. There are no progress notes indicating objective functional improvement with physical therapy and the total number of sessions to date is not present in the medical record. Consequently, absent compelling clinical documentation to support additional physical therapy over the recommended guidelines, additional physical therapy three times per week times four weeks to the right wrist is not medically necessary.