

Case Number:	CM15-0221192		
Date Assigned:	11/16/2015	Date of Injury:	08/04/2011
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 57-year-old female who sustained an industrial injury on 8-4-11. She is not working. Medical records indicate that he injured worker has been treated for wrist sprain-strain; trigger finger; hand arthralgia; wrist arthralgia; wrist carpal tunnel syndrome. She currently (10-12-15) reports improved right hand pain since cortisone injection. Her pain level was 5 out of 10 regardless of movement. Physical exam of the right wrist revealed healed carpal tunnel scar, positive Tinel's carpal tunnel, negative Phalen's, right hand with minimal locking of the right middle finger. In the 10-12-15, progress note the treating provider's plan of care included a request for physical therapy for the right hand 2 times a week for 6 weeks to include range of motion, strengthening right hand to prevent the need for surgery. "She did have a good response with physical therapy". X-ray of the right wrist (10-24-15) revealed slight narrowing of right thumb carpometacarpal joint. Treatments to date include right wrist brace; medication: tramadol, hydrocodone; right hand cortisone injection; status post left hand surgery (8-2015).The request for authorization which was not dated was for physical therapy 2 times a week for 6 weeks for the right hand. On 10-28-15 Utilization Review non-certified, the request for physical therapy 2 times a week for 6 weeks for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 weeks of the right hand: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing right hand pain. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for twelve physical therapy sessions for the right hand done twice weekly for six weeks is not medically necessary.