

Case Number:	CM15-0031182		
Date Assigned:	02/25/2015	Date of Injury:	05/09/2008
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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 50 year old female, who sustained an industrial injury on 8/13/2013. She reports bilateral hand pain and numbness. Diagnoses include carpal tunnel syndrome, trigger finger syndrome and ulnar nerve lesion. Treatments to date include carpal tunnel release, physical therapy and medication management. A progress note from the treating provider dated 11/4/2014 indicates the injured worker reported bilateral hand and finger pain. On 1/22/2015, Utilization Review non-certified the request for 12 sessions of physical therapy, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 week, quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Forearm, wrist, and hand.

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 medicine.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks (#12 sessions) 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; and joint pain hand. The guidelines recommend 1 to 3 visits over 3 to 5 weeks for medical treatment of carpal tunnel syndrome. Allow for fading of treatment frequency plus active self-directed home physical therapy. According to the January 8, 2015 progress note the injured worker had received 20 sessions of physical therapy. There was no documentation indicating objective functional improvement and her symptoms waxed and waned. When treatment duration and/or number of visits exceeded the guideline, exceptional factors should be noted. There is no compelling clinical documentation in the medical record to warrant additional physical therapy. Consequently, absent clinical documentation with the objective in excess of the recommended guidelines, physical therapy three times per week times four weeks (#12 sessions) is not medically necessary.