

Case Number:	CM15-0034494		
Date Assigned:	03/02/2015	Date of Injury:	09/23/2013
Decision Date:	04/14/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas, 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:

This is a 38 year old female patient, who sustained an industrial injury on September 23, 2013. The diagnoses have included bilateral carpal tunnel syndrome. She sustained the injury due to cumulative trauma. Per the progress note dated December 15, 2014, she had complaint of continued bilateral wrist and hand pain. Physical examination showed no tenderness of the bilateral wrists or hands, and improved sensation. The medications list includes relafen and Tylenol#3. She has had right wrist MRI on 10/14/2014 with normal findings; EMG/NCS right upper extremity dated 11/20/14 with normal findings. She has undergone right carpal tunnel release on 2/25/2014. She has had 16 physical therapy visits in 2014 for this injury. On January 20, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 24, 2015, the injured worker submitted an application for IMR of a request for physical therapy twice each week for four weeks for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had 16 physical therapy visits in 2014 for this injury. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In addition, patient had no tenderness and improved sensation. Therefore significant functional deficit that would require additional physical therapy visits is not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy 2x4 for the right wrist is not established for this patient at this time.