

Case Number:	CM15-0036237		
Date Assigned:	03/05/2015	Date of Injury:	06/21/2012
Decision Date:	04/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old female, who sustained an industrial injury on 6/21/12. She has reported right wrist injury while playing tug of war. The diagnoses have included right wrist tendinitis, right carpal sprain/strain, right wrist injury, right wrist internal derangement, right wrist neuralgia, right wrist strain/sprain, and right wrist pain. Treatment to date has included medications, injections, diagnostics, acupuncture and physical therapy. Currently, as per physician's progress note dated 1/23/15, the injured worker complains of pain right wrist and hand with numbness and throbbing. The pain was rated 6/10 on pain scale and is aggravated by typing and holding it still and relieved with medications and heat compression. The Computed Tomography (CT) scan of the right hand dated 12/20/12 revealed osseous bridging of the lunate and the triquetrum. Magnetic Resonance Imaging (MRI) of the right wrist dated 1/7/14 revealed fusion of the lunate and triquetrum and radiolunar joint effusion. The nerve conduction studies of the bilateral upper extremities dated 12/19/13 revealed bilateral carpal tunnel syndrome. Physical exam of the right wrist revealed the ranges of motion were painful, tenderness to palpation over the dorsal ulnar wrist and volar wrist, carpal compression causes pain and reverse Phalen's test was positive. The right hand revealed tenderness to palpation of the palmar aspect of the right hand and carpal compression was positive. Work status was to return to full duty on 1/23/15. On 2/12/15 Utilization Review non-certified a request for Physical therapy once a week for 6 weeks, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines Physical Medicine page 99 was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio therapy once a week for 6 weeks, right hand and right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient has a longstanding injury, but there is no documentation of specific objective functional improvement with any previous PT sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.