

Case Number:	CM15-0036273		
Date Assigned:	03/04/2015	Date of Injury:	09/26/2011
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
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: Arizona, Texas

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 57 year old female, who sustained an industrial injury on 9/26/11. She has reported right upper extremity pain related to cumulative trauma. The diagnoses have included complex regional pain syndrome, carpal tunnel syndrome and injury of the ulnar nerve. Treatment to date has included status post left ulnar release surgery, steroid injections, EMG studies, physical therapy and pain medications. As of the PR2 dated 1/21/15, the injured worker reports bilateral upper extremity pain and numbness. Also, she reports having developed a significant sleep and mood disorder. The treating physician requested physical therapy x 6 sessions for wrists and a psychological evaluation and 6 sessions. On 2/3/15 Utilization Review non-certified a request for physical therapy x 6 sessions for wrists and modified a request for a psychological evaluation and 6 sessions to psychotherapy x 1 session. The utilization review physician cited the MTUS guidelines for post-operative physical therapy and ACOEM guidelines. On 2/26/15, the injured worker submitted an application for IMR for review of physical therapy x 6 sessions for wrists and a psychological evaluation and 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for wrist, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

Decision rationale: Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has chronic pain in the upper extremity. She had surgical release of the carpal tunnel on 5/30/15. Documentation supports that the patient has had 12 approved post-op visits. The approved post-op visits are adequate to set up a HEP.

Psychology Visit, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 101-102.

Decision rationale: According to the MTUS psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In this case the patient complained of mood problems and insomnia, 6 visits for psychological treatment is excessive.