

Case Number:	CM15-0043488		
Date Assigned:	03/13/2015	Date of Injury:	11/19/2013
Decision Date:	05/05/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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:

The injured worker is a 62 year old female, who sustained an industrial injury on 11/19/2013. She was diagnosed as having right carpal tunnel syndrome, DeQuervain's syndrome and right knee pain. Treatment to date has included physical therapy, work restrictions and diagnostics. Per the Primary Treating Physician's Progress Report dated 1/15/2015 the injured worker reported numbness and tingling in her hands. Her knee pain has improved but biggest issue is inability to walk, bend, push or pull. Physical examination revealed negative Tinel's and Phalen's signs. She doesn't really have that much pain over the extensor first extensor compartment of her thumb and her Finkelstein test is minimal. She still has some pain in her knee. The plans of care included remain off work and follow up care. On 2/02/2015, authorization was requested for continue physical therapy (3x4) for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy 3 Times A Week for 4 Weeks Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient receives treatment for chronic wrist and hand symptoms, which date back to a work-related injury on 11/19/2013. The patient's diagnoses include carpal tunnel of the R wrist and DeQuerbain's tendinitis. The patient has received 24 PT sessions to date. This review addresses a request for 12 additional PT sessions. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries or any post-operative conditions that would require more physical therapy at this time. Additional physical therapy sessions are not medically indicated.