

Case Number:	CM15-0049729		
Date Assigned:	03/23/2015	Date of Injury:	10/15/2009
Decision Date:	07/02/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/18/2015

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: New Jersey, New York
 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 44 year old female, who sustained an industrial injury on 10/15/09. She reported falling and injuring her left wrist/hand. In 4/2014, she began to experience pain throughout her right arm due to overcompensating. The injured worker was diagnosed as having bilateral forearm tendinitis, right carpal tunnel syndrome and left wrist sprain. Treatment to date has included physical therapy x 8 session, a left wrist x-ray and acupuncture x 6 sessions. As of the PR2 dated 2/11/15, the injured worker reports 3/10 pain in the right wrist and arm, 6/10 pain in the left wrist and 8/10 pain in the left forearm. The treating physician noted tenderness to palpation in the bilateral elbows and wrists and decreased range of motion in the left elbow and wrist. The treating physician requested physical therapy 2 x weekly for 6 weeks to the bilateral elbows, wrists and hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks to bilateral elbows, wrists and hands:
 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 Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS, physical medicine treatment.

Decision rationale: The request for physical therapy is considered not medically necessary. The patient had completed 6 sessions of physical therapy and should be proficient at continuing a home exercise program. There was no documentation of improved functional capacity. A home exercise program should be continued at this time. According to ODG, 8 visits is the maximum number of visits recommended for the treatment of carpal tunnel syndrome which the patient would exceed with additional physical therapy. Therefore, the request is considered not medically necessary.