

Case Number:	CM15-0053610		
Date Assigned:	03/27/2015	Date of Injury:	11/05/2011
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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 November 5, 2011. The injured worker was diagnosed as having bilateral carpal tunnel release, cervical discopathy, double crush syndrome, left thumb triggering, right shoulder tendon tear and left shoulder tendon and slap tear. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), surgery, physical therapy and medication. A progress note dated January 29, 2015 provides the injured worker complains of triggering of left thumb, wrist and hand pain, neck pain radiating to arms and associated headaches and tension in shoulder blades. Pain is unchanged and rated 7/10. Physical exam notes well healed incisions of wrists and painful range of motion (ROM). There is cervical tenderness and limited range of motion (ROM) and the shoulders are tender with positive impingement. The plan includes surgery and related treatment of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 times a week for 4 weeks (12 sessions) left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: The patient has had bilateral carpal tunnel release in July and August of 2014. The office visit dated 1/29/15 notes a persistent triggering of the left thumb. Certification of surgical correction of the trigger finger has not yet occurred. In the case of post-operative surgical PT-trigger finger allows 9 visits over 8 weeks with a treatment period of 4 months. According to the MTUS, 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 had surgery to bilateral wrists with 26 physical therapy sessions approved. This is enough PT to establish a home exercise program so additional PT is not medically necessary. With regards to trigger finger, surgery is not yet certified therefore post-operative therapy is not medically necessary.