

Case Number:	CM15-0084336		
Date Assigned:	05/06/2015	Date of Injury:	03/10/2008
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female, who sustained an industrial injury on 03/10/2008. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having acquired trigger finger, avascular necrosis of lunate, carpal tunnel syndrome, laxity of ligament, and wrist joint pain. Treatment and diagnostics to date has included physical therapy, Transcutaneous Electrical Nerve Stimulation Unit, right tendon release surgery, left hand surgery April 2014 to remove a mass from the hypothenar eminence, home exercises, night splints, and medications. In a progress note dated 02/09/2015, the injured worker presented with complaints of left wrist and hand pain with additional pain in right hand. Objective findings noted a positive Phalen sign at the left wrist. The treating physician reported requesting authorization for physical therapy.

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 wk for 3 wks), 6 sessions, Left and Right Hand 97110 97140:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Manual therapy & manipulation Page(s): 98-99; 58-60.

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

Decision rationale: Physical Therapy (2 times per wk for 3 wks), 6 sessions, Left and Right Hand 97110 97140 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition with transition to an independent home exercise program. The documentation states that the patient has had 20 OT visits in the past and 12 PT visits in the past for her hands. At this point the patient should be well versed in a home exercise program. The documentation does not indicate significant functional improvement from prior PT. The request for additional physical therapy is not medically necessary.