

Case Number:	CM15-0084626		
Date Assigned:	05/06/2015	Date of Injury:	06/09/2009
Decision Date:	06/05/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/04/2015

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: Physical Medicine & Rehabilitation

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 65-year-old female, who sustained an industrial injury on 6/9/09. She reported initial complaints of bilateral shoulders, elbows, wrists, hands/fingers; lower back, left hip, bilateral knees and pelvis. The injured worker was diagnosed as having carpal tunnel syndrome shoulder impingement; degenerative joint disease of bilateral knees; lumbosacral sprain; De Quervain's tenosynovitis. Treatment to date has included status post left carpal tunnel release (2/24/15); physical therapy; medications. Currently, the PR-2 notes dated 4/2/15 indicated the injured worker was seen on this date as an orthopedic follow-up with respect to her left upper extremity. She is a status post carpal tunnel release of 2/24/15. She began physical therapy but is noted to have increased swelling over the volar aspect of the wrist. A physical examination demonstrates the incision is well healed, a positive Tinel's test and reports improvement of her radicular symptoms following the surgery as it relates to the paresthesia involving the digits. The provider recommends continued physical therapy. However, an MRI of the left wrist has been requested to rule out a soft tissue mass verses abscess verses encapsulated hematoma. He dispensed a Thumb-O-Prene, which provided some relief with respect to her De Quervain's-type tenosynovitis. There were 12 postoperative physical therapy sessions requested and approved prior to her carpal tunnel release surgery. Physical therapy notes were submitted indicating 8 of those 12 sessions dated 3/9/15 through 4/14/15 have been completed. MRI of the left wrist was approved on 4/13/15. The provider ordered Physical therapy twelve sessions two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twelve sessions two times six: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy twelve sessions two times six is not medically necessary and appropriate.