

Case Number:	CM15-0085015		
Date Assigned:	05/07/2015	Date of Injury:	10/14/2013
Decision Date:	06/12/2015	UR Denial Date:	05/01/2015
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: 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 48 year old female, who sustained an industrial injury on 10/14/2013. She reported repetitive type injury to bilateral arms/hands. Diagnoses include status post right endoscopic carpal tunnel release in March 2014, status post left carpal tunnel release with ulnar nerve decompression at the wrist in September 2014, and bilateral forearm tendinitis. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of rare numbness in the hands. On 4/15/15, the Agreed Medical Evaluation examination documented mild bilateral dorsal forearm tenderness, 5/5 hand strength, normal range of motion and normal sensation. The request included physical therapy three times weekly for four weeks for bilateral hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration, Physical Medicine Guidelines Page(s): 7, 98-99.

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

Decision rationale: This injured worker receives treatment for chronic wrist and arm pain accompanied by altered sensation in the hands. The patient underwent surgery- CTS release with ulnar nerve decompression L wrist. The patient received numerous physical therapy 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 nor any recent post-operative conditions that would require more physical therapy at this time. Additional physical therapy sessions are not medically indicated. Therefore, the requested treatment is not medically necessary.