

Case Number:	CM14-0162749		
Date Assigned:	10/07/2014	Date of Injury:	06/07/2008
Decision Date:	12/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand, wrist, and thumb pain reportedly associated with an industrial injury of June 7, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgery with subsequent revision surgery on May 2, 2014; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 17, 2014, the claims administrator denied a request for 12 sessions of physical therapy for the hand, wrist, and thumb, stating that the applicant had had 18 physical therapy visits through that point in time. Somewhat incongruously, the claims administrator invoked a variety of MTUS and non-MTUS Guidelines, including the MTUS Chronic Pain Medical Treatment Guidelines and non-MTUS ODG Postoperative Guidelines. The claims administrator alluded to progress notes of August 8, 2014 and September 11, 2014 in its report. In a June 27, 2014 progress note, the applicant was placed off of work, on total temporary disability and asked to pursue additional physical therapy following earlier carpal tunnel release surgery of May 2, 2014. Topical compounds were endorsed. On July 24, 2014, the applicant reported adequate recovery following earlier carpal tunnel release surgery. The applicant was asked to finish previously prescribed physical therapy and unspecified medications were refilled. On July 1, 2014, Norco and 12 sessions of physical therapy were sought while the applicant's work status was reportedly unchanged. On July 29, 2014, the applicant's psychiatrist kept the applicant off of work, on total temporary disability, from a mental health standpoint. The remainder of the file was surveyed on several occasions. The August 8, 2014 progress note and August 15, 2014 RFA form on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet. On August 29, 2014, the applicant followed up with his spine surgeon reporting 8/10 low

back pain. Unspecified medications were refilled. Electrodiagnostic testing of the lower extremities was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 x per week for 6 weeks for the left hand/wrist/thumb: Upheld

Claims Administrator 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), Forearm, Wrist, and Hand (updated 08/08/14), Physical/Occupational therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

Decision rationale: The 12-18 session course of physical therapy being sought here, in and of itself, represents treatment well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia and neuritis of various body parts, the issue reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant's response to earlier treatment has not been outlined. The applicant's response to earlier treatment has not been clearly outlined. However, the fact that the applicant remains off of work, on total temporary disability, implies that the 18 prior sessions of physical therapy performed were not altogether successful, although it is acknowledged that the applicant may be off of work from mental health issues or some combination of mental health issues and medical issues as opposed to for wrist, hand, and thumb issues alone. It is further acknowledged that the August 8, 2014 progress note and associated August 15, 2014 RFA form on which the article in question was sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.