

Case Number:	CM14-0167403		
Date Assigned:	10/14/2014	Date of Injury:	01/17/2014
Decision Date:	12/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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 hand and wrist pain reportedly associated with an industrial injury of January 17, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; a wrist corticosteroid injection for reported carpal tunnel syndrome; and 9 sessions of physical therapy, per the claims administrator. In a utilization review report dated September 9, 2014, the claims administrator denied a request for 12 sessions of physical therapy for the hand and wrist. The claims administrator stated that its decision was based on an August 28, 2014, progress note and associated September 5, 2014, request for authorization (RFA) form. In a July 21, 2014, progress note, the applicant reported ongoing complaints of wrist pain secondary to suspected carpal tunnel syndrome and/or possible triangular fibrocartilage tear of the same. Electrodiagnostic testing of the right upper extremity and MRI imaging of the wrist were sought. The applicant's work status was not furnished. On April 29, 2014, the applicant was given a permanent work restriction of no lifting more than 10 pounds. It did not appear that the applicant was working with said limitation in place. The remainder of the file was surveyed on several occasions. Neither the August 28, 2014, progress note nor the September 5, 2014, request for authorization (RFA) form was incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 right hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment 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 diagnosis reportedly present here. The attending provider did not furnish any compelling applicant-specific rationale for further physical therapy treatment in excess of MTUS parameters. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, it was not clearly stated why the applicant could not, in fact, transition to self-directed home physical medicine. Finally, the MTUS Guideline in ACOEM Chapter 3, page 48, stipulates that it is incumbent upon the requesting provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, treatment goals were not clearly outlined. While it is acknowledged that the August 28, 2014, progress note and associated September 5, 2014, RFA form in which the articles in question were sought were not incorporated into the independent medical review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.