

Case Number:	CM13-0068581		
Date Assigned:	01/03/2014	Date of Injury:	10/15/2011
Decision Date:	03/04/2015	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 30-year-old female who was injured when her skin got pinched between two hot trays while working in a bakery. The date of injury was October 15, 2011. The industrial diagnoses include carpal tunnel syndrome, ulnar neuropathy, second-degree burn to the forearm and wrist, wrist abrasion, and hypertrophic scar. On September 4, 2012, the injured worker underwent scar excision and reconstruction with adjacent tissue transfer and rearrangement to the right forearm. On March 10, 2012, the injured worker complained of right wrist and forearm pain. She also complained of cramping, numbness and tingling in her right hand. Physical examination of the right hand and wrist showed negative Tinel sign, Phalen test and carpal tunnel compression test. Allen test was positive. Strength testing and range of motion were normal. Nerve conduction studies were performed indicating mild right carpal tunnel syndrome and mild left ulnar neuropathy. Medications were listed as treatment. A request was made for physical therapy 2x a week for 4 weeks for the right wrist, forearm. On December 13, 2013, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (8-sessions, 2-times a week for 4-weeks for the right wrist, forearm):

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy

Decision rationale: The California Medical Treatment Utilization Schedule have specific guidelines of PT for neuralgia, myalgia, and CRPS, which do not pertain to the industrial diagnoses of this patient. Therefore, we reference the Official Disability Guidelines, Forearm, Wrist, and Hand Chapter which state the following regarding Physical Therapy: Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Also, see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Ulnar nerve entrapment/Cubital tunnel syndrome (ICD 9 354.2): Medical treatment: 14 visits over 6 weeks; Post-surgical treatment: 20 visits over 10 weeks; Sprains and strains of wrist and hand (ICD 9 842): 9 visits over 8 weeks; Carpal tunnel syndrome (ICD 9 354.0): Medical treatment: 1-3 visits over 3-5 weeks. The worker has undergone previous physical therapy, and the notes indicate that the patient had at least four visits of physical therapy in February 2012. There is no comprehensive summary of how many total sessions of physical therapy have been attended to date. Without this information, it is not possible to determine how many additional therapy visits are warranted per guidelines. In addition, the functional benefit of previous physical therapy is not documented. Given this, the request for additional physical therapy is not medically necessary.