

Case Number:	CM15-0005566		
Date Assigned:	01/20/2015	Date of Injury:	09/02/2014
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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 34 year old female, who sustained an industrial injury on 9/2/2014. She has reported pain in the right hand associated with numbness. The diagnoses have included synovitis of the right wrist. Treatment to date has included wrist brace, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), and six (6) physical therapy sessions. Electromyogram and nerve conduction study from 10/20/14 significant for right carpal tunnel syndrome subsequently treated with carpal tunnel steroid injection 12/8/14. Currently, the IW complains of a flare up pain, numbness and weakness in right wrist reporting dropping things after steroid injection. Physical examination from December 15, 2014 documented decreased sensation in median nerve distribution, positive carpal compression and Phalen's, and pain with extreme Range of Motion (ROM) of the wrist. Diagnoses included right wrist synovitis and carpal tunnel. On 12/18/2014 Utilization Review non-certified continued physical therapy right wrist 3 times weekly for 3 weeks, noting the recommended number of physical therapy sessions per guidelines and the documentation of a home exercise regimen in place. The MTUS and ODG Guidelines were cited. On 1/12/2015, the injured worker submitted an application for IMR for review of continued physical therapy right wrist 3 times weekly for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 3x3 right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical/Occupational Therapy

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

Decision rationale: Per the 12/15/14 report the patient presents with right wrist pain. The current request is for Continued Physical Therapy 3 X 3 Right Wrist per the 12/17/14 RFA and 12/15/14 report. The patient is not working. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. On 12/15/14 the treater states the patient has completed 6 sessions of physical therapy without benefit and is continuing a home exercise program. This report further states, 'Guidelines indicate that mild carpal tunnel syndrome a cortisone injection and physical therapy is indicated.' The stated plan is to resume physical therapy following a right wrist injection. With no improvement Carpal Tunnel surgery will be requested. The patient reports a recent flare up of pain. The physical therapy treatment report provided shows the patient completed the first of 6 visits on 09/23/14; however, the reports do not show when the patient completed this therapy. In this case, prior physical therapy did not benefit this patient and the requested 9 sessions combined with the 6 sessions received exceed what is allowed per guidelines. The request is not medically necessary.