

Case Number:	CM15-0010747		
Date Assigned:	01/28/2015	Date of Injury:	08/09/2013
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 78 year old female who sustained an industrial injury on 8/9/13. The injured worker reported symptoms in the wrist and knee. The diagnoses included carpal tunnel syndrome, neck sprain and strain, other tear cartilage/meniscus knee current. Treatments to date have included physical therapy, status post right carpal tunnel release on 5/28/14, knee injections. PR2 dated 12/10/14 noted the injured worker presents with right wrist decreased range of motion and "progressively worsening knee weakness", the treating physician is requesting physical therapy, right wrist, quantity: 6 (2 times a week for 3 weeks), office/outpatient visit, quantity: 1 (pain management evaluation). On 12/22/14, Utilization Review non-certified a request for physical therapy, right wrist, quantity: 6 (2 times a week for 3 weeks), office/outpatient visit, quantity: 1 (pain management evaluation). The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right wrist Quantity: 6 (2X/wk for 3 wks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the workers symptoms. The submitted documentation indicated the worker was experiencing right wrist pain, in addition to other issues. The worker had completed eleven sessions of physical therapy after treatment with surgery. There was no discussion describing the reason directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for six sessions of physical therapy for the right wrist twice weekly for three weeks is not medically necessary.

Office/outpatient visitQuantity: 1 (Pain MGMT EVAL): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Independent Medical Examinations and Consultations, page 163

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids and Weaning of Medications Page(s): page(s) 76-77, page 124.

Decision rationale: The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. Consultation with pain management specialists is specifically supported before a trial of opioid medication if the workers complaints do not match the examination and/or imaging findings and/or there are psychosocial concerns, the worker requires more opioid medication than the equivalent of morphine 120mg daily, or the worker is not tolerating opioid weaning. The submitted and reviewed records did not suggest any of these situations were occurring, discuss the reason(s) specialist care was needed, or describe special circumstances that supported a medical need for a consultation with a pain management specialist. In the absence of such evidence, the current request for an evaluation by a pain management specialist is not medically necessary.