

Case Number:	CM15-0111599		
Date Assigned:	06/18/2015	Date of Injury:	02/04/2013
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/09/2015

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 male, who sustained an industrial injury on 2/4/13. The diagnoses have included carpal tunnel syndrome left wrist, impingement syndrome and tendonitis left shoulder and chronic joint dysfunction and myositis of the cervical and upper thoracic spine. Treatment to date has included medications, activity modifications, off work, diagnostics, wrist support, therapy, shockwave therapy, and other modalities. Currently, as per the physician progress note dated 3/26/15, the injured worker complains of continued pain in the wrist that intensifies with repetitive activities. The Qualified medical re-evaluation dated 3/30/15, the injured worker complains of pain in the left hand. The pain in the left wrist is rated 3/10 on the pain scale. The pain interferes with sleep especially the numbness in the left hand. The pain also interferes with household chores and activities of daily living (ADL). He continues to work his usual and customary duties. The physical exam of the left hand and wrist reveal that he is wearing a wrist support; there is tenderness in the volar aspect of the left wrist and Durkan test, Phalen test, and Tinel test of the left wrist are positive. The current medications are not listed and previous therapy sessions were not noted in the records. There is previous shockwave therapy sessions noted in the records. The physician requested treatment included Physical therapy 3 times a week for 2 weeks for the left wrist quantity of 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3x2 for the left wrist, QTY: 6: 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), Carpal Tunnel Syndrome, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy, 3x2 for the left wrist, QTY: 6 is not medically necessary and appropriate.